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REPORT ON THE STUDY OF THE FEASIBILITY OF DEVELOPING A MODEL DEMONSTRATION SCHOOL FOR EDUCATIONALLY DISADVANTAGED YOUTH; MARCH 25, 1966-SEPTEMBER 30, 1967. VOLUME 1. RECOMMENDATIONS.

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The first volume of this two-part report is a description of a feasibility study supported under Title III of the Elementary and Secondary Education Act. It contains summaries of six separate studies which gathered data to identify the special needs of public school students and handicapped youngsters. Information was obtained from community agencies about the availability of their resources for serving this population, and testimony given before a 1966 Governor's Commission was analyzed to provide further material on the educational needs of the handicapped. On the basis of these findings recommendations were formulated and suggestions for their implementation were made. The second volume of this report is a digest of the findings of the feasibility study. (NH)

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SERVICES**

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volume 1
-- RECOMMENDATIONS

title III
e.s.e.a.

**MONTGOMERY COUNTY
PUBLIC SCHOOLS**
Homer O. Elseroad, Supt.
ROCKVILLE, MD.

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REPORT
ON THE STUDY OF THE FEASIBILITY OF DEVELOPING A MODEL
DEMONSTRATION SCHOOL FOR EDUCATIONALLY
DISADVANTAGED YOUTH
VOLUME 1

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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March 25, 1966 - September 30, 1967

Montgomery County Public Schools
Rockville, Maryland

August 1967

Homer O. Elseroad
Superintendent of Schools

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UD 0006 344

the wise man

looks into

space

and

does not regard

the small as too little,

nor

the great as too big;

for he knows

that

there is

no limit to dimensions...

Lao-Tse

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FOREWORD

Planning for Supplementary Education Services, a report of the project to study the feasibility of developing a model demonstration school for educationally disadvantaged youth is published in two volumes. Supported by a federal grant under Title III of the Elementary and Secondary Education Act of 1965, the study began in March, 1966, and terminated September, 1967.

This report, Volume 1, Recommendations, is organized in two major sections. The first section includes an introduction, a brief description of planning activities, the major findings from the six studies conducted under the project, conclusions formulated from a synthesis of the data, and recommendations for programs and services. In the second section, there is a restatement of each recommendation with suggested methods of implementation and supporting evidence. A copy of the three survey instruments used by the staff and listings of site visits made by the staff and conferences attended by the staff are included in the Appendix.

Volume 2, Planning for Supplementary Education Services includes a thorough description of the planning processes and detailed findings from each of the six studies.

INTRODUCTION

In March, 1966, the Montgomery County Public Schools received a grant under Title III of the Elementary and Secondary Education Act to study the feasibility of designing and operating a model demonstration school for children and youth whose special needs are not met by existing school programs. This project resulted from the interests and efforts of the staffs of many community agencies, public and private, and individual citizens who had been concerned over a period of years with the unmet needs of children and youth in the county.

Background

Planning for the unmet educational needs of children and youth in Montgomery County has been a growing concern since the influx of population after World War II. The student enrollment has increased from 27,772 in 1950 to 111,233 in 1967. The county may be considered a classical example of the nation's rapidly expanding suburbs whose education leaders have been on a treadmill attempting to keep pace with growing populations and faster growing educational needs.

In 1948, the Eastern Suburban Area Study Group, an organization of citizenry, became sensitized to many of the educational problems inherent in a growing and changing community. A report was submitted to the Board of Education in October, 1948, which outlined the problems found in a study group survey. The report recommended a more systematic diagnosis of pupil needs for the purpose of determining and planning education programs.

By 1950, the county government recognized the problem officially by appointing a Youth Commission to study the needs of children. In 1951, a conference was held to highlight needs and recommend appropriate action. The Youth Commission in 1952 requested funds to authorize a comprehensive study of the recognized needs of children. Funds for this study were not allocated. Nevertheless, public and private programs for handicapped children emerged as a result of increasing parental pressure and changing professional commitment. To encourage coordination of the expanding services for handicapped children, the Montgomery Health and Welfare Council sponsored a conference and several workshops in 1958 and 1959.

In 1960, the Board of Education, upon the suggestion of Superintendent C. Taylor Whittier, appointed a Curriculum Study Committee to review the school system's instructional program. The study groups were composed of citizens and educators in a ratio of approximately two public to one staff member.

"The rich resource that Montgomery County has in its citizens made it possible to include, among the public members of each study group, persons having a wide range of education, training, experience, and interest, with many having special competence in the field to which they were assigned."¹

¹Montgomery County Curriculum Study Committee, Final Report, Volume II, August, 1961, Preface.

The study committees reported to the Board of Education in August, 1961. Many recommendations for curriculum change that were made have been developed and implemented since 1961. However, this comprehensive study focused on the total design of the instructional program and each of the subject matter areas. It did not focus specifically on the special needs of children. Thus, an Advisory Committee on Special Youth Services was formed in 1961 by joint action of the County Council and Board of Education.

Special Youth Services Advisory Committee

The Advisory Committee, combining specialization in the health, education, and welfare fields, included Martin Gula, chairman, specialist on group care; Mrs. Allen T. Dittman, specialist in growth and development of handicapped children; Leonard J. Duhl, M.D., psychiatrist; Thomas Gladwin, social science consultant; Felix Pierpont Heald, M.D., specialist in adolescent medicine and medical education; James L. Hymes, Jr., professor of Education and specialist in early childhood education; Mrs. Howard Koss, parent; Joseph M. LaRocca, program planning consultant in rehabilitation; Mrs. Henry Riblet, parent; Peter A. Santucci, M.D., psychiatrist; Carl Shultz, M.D., specialist in public health services; and Mrs. I. S. Weissbrodt, economic consultant.

The committee was charged to study the needs of mentally retarded, emotionally disturbed, and physically handicapped children and to make recommendations with regard to the:

1. Scope and need for services to mentally retarded, emotionally disturbed, and physically handicapped children and youth.
2. Appropriate and feasible roles of public and private agencies and of parents in the provision of such services on a coordinated basis.
3. Cost of such services and available and potential methods for financing them.
4. Priorities for the undertaking of such services.

After interviewing key officials from public and private agencies, holding an all-day public hearing, examining documents which described services and needs, and considering many alternatives, the committee submitted a final report to the Board of Education and County Council in joint session on January 25, 1963. Confronted with the absence of systematically collected information about the incidence of needs of children in Montgomery County, the committee gave priority in a final report to the establishment of a permanent commission to study the needs of youth and to maintain adequate records on incidence. Following the receipt of the report, the superintendent of schools and county manager appointed a Joint Staff Committee on Youth Services which was representative of the major public agencies concerned with children. The Joint Staff Committee was directed to assess implementation of the Advisory Committee recommendations. A report was prepared and submitted in October, 1963.

In April, 1965, Homer O. Elseroad, superintendent of schools, called a meeting with the Montgomery County Health Officer, the director of the Montgomery County Welfare Department, and the judge of the Montgomery County Juvenile Court to review again the reports of the Advisory Committee on Special Youth Services and the Joint Staff Committee and to discuss other problems related to the youth of the county. As a result of this meeting, Dr. William Lewis Holder, then a consultant with the Montgomery County Health Department, was invited to establish a committee to submit a proposal extending the implementation of the Advisory Committee recommendations, particularly those regarding the emotionally handicapped.

The committee, chaired by Dr. Holder, consisted of 12 members from the county departments of health, education, and welfare and the juvenile court. In addition, representatives from private and parochial schools in the county participated in several meetings. In September, 1965, when the committee reported to the four leaders of the county departments, it recommended a study of the feasibility of establishing a model demonstration school to provide supplementary educational services and programs for children who do not profit from existing school programs. Dr. Holder was advised to make certain revisions and additions to the committee proposal and to resubmit it to the superintendent of schools.

On September 27, 1965, the Montgomery County Board of Education passed a resolution authorizing the superintendent to proceed with the development of plans to prepare a proposal for a planning grant under the provisions of Title III of the Elementary and Secondary Education Act for a model demonstration school. The Title III proposal that was submitted specifically requested funds to collect information about the special needs of children since the absence of systematically collected data about the needs of Montgomery County children had restricted the efforts of previous groups.

In the proposal document, it is stated that

"One of the first tasks of the planning grant staff would be identification of the need to provide additional educational services for children and youth within the community. A multiple approach to this problem seems imperative and would include (1) collating the recommendations and priorities established by previous studies, (2) obtaining the present recommendations of community agencies and organizations concerned with the problems of school children, and (3) conducting surveys to determine the incidence of problems and handicaps among school age children for whom educational services and programs are inadequate, inappropriate, or nonexistent. Specifically, particular stress could be placed upon studies to determine the number of pupils now out of school, including those in the home instruction program, for whom there is no appropriate school placement at this time. Also, an investigation could be made to identify the incidence of educational handicaps in the school population to use as a guide in expanding present services and programs as well as in planning immediate program goals for the model-demonstration school."

PROJECT IMPLEMENTATION

The proposal was submitted to the U. S. Office of Education in early November, 1965, and the contract for the grant was issued effective March 25, 1966. The project staff included a director, a research coordinator, a community agency coordinator, two curriculum specialists, a research librarian, a secretary, and a statistical clerk (Appendix E).

Organization Phase, April 1, 1966 to June 30, 1966

One of the first acts in beginning the planning project was the formation of an advisory committee. The Project Advisory Committee, which includes representation from major health, welfare, education, and civic agencies at both the state and local levels, is composed of the following: Dr. James C. Craig, assistant superintendent, Montgomery County Public Schools; Dr. Ruth-Alice Asbed, chief, Division of Maternal and Child Health, Montgomery County Health Department; Miss Rita E. Beuchert, executive director, Montgomery Health and Welfare Council; Mr. Robert Hacken, past president, Montgomery County Council of PTA's; Dr. Jean R. Hebeler, head, Department of Special Education, University of Maryland; Dr. W. Lewis Holder, Maryland State Department of Mental Hygiene; Dr. Roy P. Lindgren, Montgomery County Health Officer; Mr. Harvey R. McConnell, Jr., deputy director, Montgomery County Welfare Department; Mrs. Rozelle J. Miller, supervisor of Special Education, Maryland State Department of Education; and Mrs. Elizabeth Morehouse, Montgomery County Juvenile Court.

Since the initial meeting April 7, 1966, the committee has met 25 times in helping to guide the development of the project. Acting as a sounding board, the committee has advised the staff regarding the planning processes and has served a major function in evaluation.

Other organizational tasks included the procurement of facilities, equipment, and staff. Data that already had been collected were reviewed. Since persons in key positions with the school system were selected for the community agency coordinator, research coordinator, curriculum specialist, and research librarian positions, it was necessary to schedule their beginning dates with the project so as not to interfere unnecessarily with ongoing operations.

Systems Development Phase, July 1, 1966 to August 30, 1966

Concurrent with accomplishing the preparatory tasks was the realization among the staff that a plan for achieving the project would have to be constructed. The objectives in the planning grant application established the "what" of the project, but not the "how." To facilitate communication among the staff and to insure that all activities would be appropriately integrated, the staff adopted PERT, program evaluation and review technique, which employs a sequence of tasks: establish objectives, develop plans, determine schedules, evaluate progress, decide and act, and recycle to incorporate new decisions and actions.

After reading about the application of PERT and completing a programmed text on how to utilize this method, the staff recorded those assumptions that were

implicit in the proposal. These assumptions follow:

1. Effective programs are based on the needs of children and youth.
2. The program is failing if the pupil is failing or is out of school without a planned program and services.
3. The needs of children and youth can be placed on a visibility index--the special needs of some children are more apparent than others.
4. Gross identification begins with the teacher perceiving that the pupil is not learning.
5. Professional workers perceive the special needs of children and youth.
6. Persons within the community have an awareness of the special needs of children and youth.
7. The special needs of children and youth have many causes.
8. To provide for all children and youth with problems, different approaches and total community effort are necessary.
9. Habilitation and rehabilitation are often only possible, and always facilitated, with early identification and intervention.
10. Shortages of adequately trained specialists are critical.
11. By starting with a 360-degree focus, the project staff can scientifically develop the appropriate focii for a supplementary education center.
12. Through the collection and analysis of data on pupils who are out-of-school in private placements, who have dropped out, who are home without a program, or who have been placed in correctional institutions by the court, implications for programs and services are revealed.
13. Ongoing community involvement results in better plans and facilitates implementation.
14. Previous studies include recommendations which have not been implemented, but are worthwhile and timely.
15. A range of services is available in the community; serious gaps in community services and/or lack of coordination exist, particularly for children and youth who are emotionally handicapped.

16. Materials on relevant programs, services, and research have pertinence to the efforts of the project staff.
17. Consultants bring expert knowledge as well as objective view to a staff.
18. Site visits provide firsthand experiences for staff which are helpful in designing programs and services.

As a beginning to achieving the project objective, which was "to study the feasibility of developing a model demonstration school for educationally disadvantaged children," the staff formulated five prime objectives. The prime objectives follow:

- PRIME OBJECTIVE I: Review relevant literature that reports the needs of and recommends activities for serving youth better.
- PRIME OBJECTIVE II: Identify the incidence and nature of the needs of students for whom educational programs and/or facilities are inappropriate, inadequate, or non-existent.
- PRIME OBJECTIVE III: Identify and describe community resources for children and youth with special needs, and design ways of enhancing and strengthening these services.
- PRIME OBJECTIVE IV: Involve the community in the planning of effective programs and services for youth with special needs.
- PRIME OBJECTIVE V: Report the project.

The prime objectives were assigned to individual staff members. Each staff member drafted supporting objectives and planned activities for reaching them. Coordination was maintained through regular staff meetings and cooperative planning where activities overlapped.

Data Collection, Processing, and Analysis Phase, September 1, 1966 to March 30, 1967

The methods for collecting information were developed and carried out in six separate studies, each of which was derived from the prime objectives of the project. The major studies conducted by the project staff included:

1. A review of local and state reports of civic groups, parent associations, and agencies from a ten-year period to determine what recommendations have been made for needed programs and services.
2. A survey of teacher perceptions of children's needs for educational programs and services based on a 20 per cent random stratified sample of the 111,233 children in the public schools of Montgomery County.

3. A survey of the programs and services needed by the children placed in Head Start, private schools, state schools and hospitals, correctional schools, and as far as could be determined, those with no available placement in the public schools or in any of the aforementioned facilities.
4. A survey of the community resources existing within a 50-mile radius of Rockville which serve Montgomery County children and families with special needs.
5. An analysis of recommendations by community agencies.
6. A review of reports of testimony presented to the 1966 Governor's Commission on the Educational Needs of Handicapped Children.

A brief description including major findings for each study follows:

Study 1: A Review of Local and State Reports

A central depository for the community's reports and documents does not exist. Therefore, potentially useful literature was identified by the research librarian, through conference with the community agency coordinator and contacts with the advisory committee and Montgomery County public school departments and offices. Based on these procedures, 208 documents and reports were collected for initial review; 78 yielded recommendations and statements that were considered relevant. Fifty-three of the reports and documents were produced by Montgomery County agencies, the remaining 25 were products of the Maryland State Government and metropolitan non-profit voluntary agencies.

Following is a breakdown of the sources:

TABLE 1

Sources of Documents

Agency	Number of Reports and Documents
Montgomery County Public Schools	35
Montgomery County Government	1
Montgomery County Commissions and Advisory Committees	6
Montgomery County Professional Workshops	3
Montgomery County Parent Associations and Study Groups	6
Montgomery County Voluntary Non-profit Agencies	2
Metropolitan Area Voluntary Non-profit Agencies	4
Maryland State Government	14
Maryland State Commissions and Advisory Committees	6
Maryland Professional Conference	1
Total	78

Findings

The major findings from the study of local and state reports follow:

1. No one Montgomery County agency serves at present as a depository and a central clearinghouse for documents and reports relating to the special needs of children and youth prepared by public and private agencies, commissions, and study groups.
2. Reports of both professional and parent groups attested to the need for an information center which would maintain data on the incidence of needs of handicapped children as well as information about existing services and facilities to meet their needs.
3. Cited frequently was the community's lack of coordination to match services and programs with children who require special attention.
4. The need for early identification of handicapped children and the development of information about their specific characteristics was often reported.
5. Children who are economically and socially disadvantaged received little attention in the form of recommendations in the 208 reports that were reviewed.
6. Vocational education was viewed as a program essential to the development of handicapped children for independency in adulthood. Consistently the reports stressed the need to include more children at earlier ages in vocational education programs and to provide more realistic training.
7. Numerous references were made regarding the need for family counseling, both parent and sibling, to help provide home conditions which enhance the development of handicapped children.
8. A continuing shortage of trained staff to work with children with special needs was cited in several reports as an urgent problem.
9. A shortage of psychological and psychiatric diagnostic and treatment services was often pointed out.
10. Handicapped children for whom the reporting groups expressed the most concern were the emotionally handicapped, particularly the adolescents, and the mentally retarded; of a total of 281 recommendations which were collated as referring to a specific exceptionality, 135 were concerned with the two aforementioned groups.

Study 2: The Identification of the Incidence and Nature of the Needs of Students in School

To obtain a picture of the special needs of in-school youth, the staff decided that it would be necessary to obtain a tabulation of the incidence and nature of the special needs existing among the Montgomery County Public Schools' population and an indication of the adequacy of present services to meet these needs.

Examination of the data already collected about Montgomery County youth revealed that, for the purposes of the study, information about the special needs of pupils in the physical, social-emotional, and task-oriented areas was not available in ways which could be generalized to the total population of students. After consultation with staff from the Montgomery County Public Schools' Departments of Research and Pupil and Program Appraisal, the project staff decided to design and conduct a study to gather the needed information. The service of a consultant who is knowledgeable in the fields of research, psychology, and data processing was sought; and Dr. Arthur D. Kirsch, professor at The George Washington University, was engaged.

When the staff studied methods through which a description of the needs of youth could be obtained, an examination of the relevant literature revealed several studies which indicated that teacher percepts could be validly used for identifying the special needs of students. The studies showed that teachers' percepts are closely related to percepts of clinical specialists and the positive correlation between the perceptions of these two groups has been increasing.

It was decided, therefore, to ask teachers to respond to an "Inventory of Student Needs" about individual pupils whom they taught. The inventory includes a list of conditions, characteristics, and problem areas affecting learning and behavior of students. Teachers were asked to indicate which items on the list represented a problem for the particular child under consideration; and, if an item represented a problem for that child, the teacher was asked to indicate if the student were receiving adequate services for this need. The teacher also was asked to indicate those special services, such as speech therapy or counseling, which he believed the student needed.

The final instrument, "Inventory of Student Needs," with its response sheet, which the Office for Planning a Supplementary Education Center staff also developed, is included in Appendix B.

Method and Procedure

Twenty per cent of the students in Kindergarten through Grade 12 were selected for this study. Each classroom teacher was asked to complete an inventory for approximately five students whom he was teaching. The names of the students were selected by random sampling procedures from the total student population within each grade in each school and were sent to the teachers about ten days before the survey instruments. This procedure insured that the sample was unbiased and the results could be generalized

to the total pupil population and the teachers would know beforehand on whom they would respond. Thus, a sound estimate of the students' needs on a county-wide basis resulted from this survey.

By November 28, 1966, the inventories were returned to the Office for Planning a Supplementary Education Center and were subjected to electronic data processing. A tabulation of the results was completed by February 15, 1967. Ninety-nine per cent of all survey response sheets were processed.

Findings

The major findings regarding the incidence and nature of the special needs of the pupils attending the Montgomery County Public Schools and an indication of the adequacy of existing services to meet these needs follow:

1. Availability of Data

A review of the data which were available about children and youth in Montgomery County Public Schools revealed that there were not relevant data in the physical, social-emotional, and task-oriented areas which could be used to meet the objective of the Project.

2. Needs for All Students

a. General

- 1) Some problems in task-orientation were the most often perceived areas of need for the total students in the sample.
- 2) Academic performance problems were more frequently perceived than were problems in social-emotional or psychomotor problems. The most frequently appearing academic problems were in the language arts area.
- 3) Problems related to school placement were generally cited less frequently than were problems in task-orientation, skill deficiencies, and social-emotional problems. Approximately three times as many youth were seen to be encountering problems because of "program too difficult" than were those for whom "program is unchallenging."
- 4) There were extreme differences between the elementary and secondary levels in the relative frequency with which the teachers responded "Don't Know" if a needed service were being provided.

Of the services of a school counselor and speech therapist, there was a 5 per cent "Don't Know" response at the elementary level and 46 per cent response at the secondary level. For the services of remedial instruction in reading, arithmetic, and communication skills, there was a 5 per cent "Don't Know" response at the elementary school level, and a 43 per cent response at the secondary level.

For all of the evaluation services, there was a 16 per cent elementary and 58 per cent secondary level "Don't Know" response. For services of a school psychologist or pupil personnel worker, the "Don't Know" response was 12 per cent at the elementary level and 65 per cent at the secondary level.

b. Need for Evaluation Services

- 1) The perceived need for each evaluation service remained consistent across groups of grades in terms of the per cent identified as needing an evaluation service, except for speech evaluation and hearing evaluation. These two evaluation services were seen needed at Grades 1-3 at over twice the rate of succeeding groups of grades.
- 2) Of the evaluation services, speech evaluation and vision evaluation were those which were most frequently perceived as being provided for those who needed them; 52 per cent of needed speech evaluations and 57 per cent of the needed vision evaluations were perceived as being provided.
- 3) "Educational evaluation" was the evaluation service noted most often as being needed. Teachers indicated a need for 10,472 such evaluations, with 29 per cent, or 3,018, of those who needed it seen as receiving this service. At Grades 1-3, "educational evaluation" ranked second to "speech evaluation," and led all other evaluation services in the other groups of grades. "Speech evaluation" was the second highest in frequency of perceived need for the total students.
- 4) The third highest evaluation service in frequency of perceived need was "environmental or family evaluation." "Psychological evaluation" was next in frequency, and was noted as being needed for 7,481 youth, with 1,481 known to be receiving this service. Of the evaluation services, this was least often seen as being provided when perceived as being needed.
- 5) The lowest frequency for perceived evaluation need was for "dental evaluation," with 3 per cent of the total students seen as needing this service.

c. Need for Pupil Services

- 1) Of the services of counselors, school psychologists, and pupil personnel workers, the service of counselors was most often noted as being needed and was most often seen as being provided. Services of a psychologist were next highest in frequency of perceived need, but the services were seen to be less often available than were those of a pupil personnel worker.
- 2) "Counseling by school counselor" was perceived as needed for 11,599 youth and was the highest in frequency for the three

pupil services. Of those seen as needing the service, about 40 per cent were seen as receiving it.

- 3) "Services of a school psychologist" were noted as needed for 6,522 pupils, and approximately 20 per cent of them were seen to be receiving this service at the time of the inventory.
- 4) "Services of a pupil personnel worker" were seen as needed for 5,684 youth, and approximately 24 per cent were seen as receiving this service.

d. Need for Special Classes or Services

- 1) When the special classes or services were ranked by frequency for total students, it was found that:

"Catch-up class" was recommended most often--for 6 per cent or about 7,000 of total students.

"Class or service for specific learning disability" was recommended for 5 per cent or about 5,000 of the total students.

"Special services for academically talented" were recommended for 4 per cent of the total population or 3,895; "services for the emotionally handicapped" were recommended for 3 per cent or 2,827.

- 2) Services for the mentally retarded, visually handicapped, and physically handicapped were each recommended for approximately 1 per cent of the total population.
- 3) Of the groups known to be receiving a service, those recommended for services for the mentally retarded were noted most often as receiving them (56 per cent), followed by those recommended for services for visually handicapped (43 per cent), and services for those with specific learning disabilities (40 per cent). Those least often seen as receiving the service were those recommended for services for the emotionally handicapped and for the academically talented (21 per cent each).

e. Need for Services or Programs for the Academically Talented

- 1) Approximately 4 per cent, or 3,895 students, were seen to need special services for the academically talented. The per cent of students seen as needing this service was about the same for all grade levels, with Grades 1-3 showing a slightly lower relative frequency than the other groups of grades.
- 2) Of those seen to need these services, just under 30 per cent were reported to be receiving them. In Grades 1-9, about one out of five pupils needing the service were seen as receiving it, but in Grades 10-12, about one out of two pupils who were

seen to need this service were seen as receiving it.

- 3) Of the problems which were checked for those who were seen to need the services for the academically talented:
 - a) "Program is unchallenging" and "program provides no outlet for creativity" were indicated for approximately 20 per cent.
 - b) "Grade placement too low" was checked for 13 per cent of this group.
 - c) "Restlessness" was noted for 14 per cent of these youth; "too little participation in activities," "aggressiveness," "too competitive," "over-reactive," "self-conscious," and "too impulsive" were noted for 13 per cent of this group, as were "following directions" and "work habits."
 - d) All other items in this inventory were noted with less frequency than the aforementioned items.

f. Need for Services or Programs for the Emotionally Handicapped

- 1) Of 2,827 (3 per cent) in the total county seen to need services for emotionally handicapped, 624 were seen to be receiving service.
- 2) A consistent level of need for this service was seen among all groups of grades.
- 3) Boys were seen to need this service slightly more than twice as often as were girls.
- 4) Of all youth who were seen to need this service, problems in task-orientation were noted with the highest frequency. "Work habits," "following directions," and "attention span" were problems which were each noted for 70 to 75 per cent of this group.
- 5) The items "immaturity," "inappropriate behavior," "lack of appropriate social skills," and "restlessness" were noted for approximately 55 to 60 per cent of this group.
- 6) In addition, problems in academic areas of "written expression," "reading comprehension," and "reading rate" were noted for between 50 and 56 per cent of this group for each item.

3. Needs of Pupils in Early Grades

- a. Between 20 and 30 per cent of the youth were noted as having problems in reading, arithmetic, spelling, or written expression in each of the Grades 2-6.

- b. About 20 to 28 per cent of the youth were seen to have problems in "attention span," "work habits," and "following directions."
- c. The frequency for "program too difficult" was 2 per cent for Kindergarten, 7 per cent for Grade 1, and between 8 and 9 per cent for Grades 2-6.
- d. When teachers were asked to indicate which services they saw as appropriate for the children they were evaluating, the services most often checked as needed were remedial instruction in reading, number skills, and communication skills for Grades 1-6. Each of these services was recommended for between 11 and 14 per cent of the children. The teachers indicated that approximately half of the students seen as needing these services were not receiving them.
- e. In Grades K-6, 4,000 youth were seen to need a psychological evaluation, and of these, 910 were known to be receiving such an evaluation.
- f. The frequency with which speech evaluation was seen to be needed was approximately 12 per cent of the population from Kindergarten through Grade 3; approximately three out of four children were known to have received this service.

4. Needs of Pupils in Secondary Grades

- a. "Work habits," "attention span," and "written expression" were the problem areas checked with the highest frequencies, which ranged from 15 to 19 per cent of the pupils.
- b. "Remedial instruction in reading," "remedial instruction in communication skills," and "counseling by the school counselor" were the three most needed services. For 40 to 50 per cent of the students who needed these services, it was not known whether they were receiving them.
- c. For evaluation, remedial, and counseling services recommended by secondary teachers, the per cent of responses which indicated the teacher did not know if the service were being received by the child remained above 40 per cent.
- d. The frequency of occurrence of problems in basic skills was unknown for more than one-third of the population in Grades 10-12; for math reasoning and computation and reading rate, it was unknown for more than one-half of the population.
- e. The service, "additional training in vocational skills," was indicated for 2,900 or 6 per cent of the secondary pupils. Of those needing this service, 606 or 21 per cent were seen as receiving it.

- 1) Problems in task-oriented areas were the most often noted problems checked for this group. "Work habits" and "attention span" were checked for 55 to 60 per cent of the pupils. In addition to these items, "following directions," "lack of alertness," and "inadequate motivation" were each checked for between 46 and 50 per cent.
- 2) Of the items related to academic skills, "written expression," "spelling," and "reading comprehension" had the highest frequencies and were each checked for between 49 and 52 per cent of the youth. No other items in the academic areas were noted in the top ten most often checked items.

5. Needs of Pupils Enrolled in Special Education Classes

- a. Remedial instruction in communication skills, number skills, and reading were the services seen as most often needed for this group, with the frequency ranging between 59 and 65 per cent.
- b. The "Don't Know If A Service Is Being Received" ranged between 1 and 12 per cent for special education pupils for all services.
- c. Each of the evaluation services was recommended for 30 to 43 per cent of the students in special education classes.

6. Problem Areas Noted for Youth Recommended for Special Programs

When the frequency of need items was compared for students seen as needing special programs which include catch-up class, additional training in vocation skills, services or programs for the mentally retarded, and the emotionally, physically, or visually handicapped, it was found that:

- a. Problems in task-oriented behavior such as "work habits," "attention span," and "following directions" were noted with high frequency for all youth in the categories mentioned. At least one, if not all, of these three items was in the top five items for each group.
- b. "Written expression" was most noted as a problem with the highest or second highest frequency of all the items relating to academic skills for each of these groups of students.
- c. Problems in reading, arithmetic, and spelling were noted for 50 to 75 per cent of those youth seen to need a catch-up class, service for specific learning disability, service for the emotionally handicapped, or service for the mentally retarded.
- d. Forty per cent of those recommended for services for the visually handicapped were seen to have a problem in reading rate, as compared to 70 per cent of those recommended for specific learning disability classes and 50 per cent of those recommended for services for the emotionally handicapped.

- e. Forty per cent of those recommended for services or classes for the mentally retarded had the item, "program too difficult," checked; whereas, 50 per cent of those recommended for catch-up class had this item checked.

7. Differences Among Geographic Areas

- a. Data from the inventory revealed that the frequency with which students were identified as having problems in arithmetic computation ranged from a low of 8 per cent in one administrative area to a high of 21 per cent in another; those seen to have problems in reading comprehension ranged from a low of 11 per cent in one administrative area to a high of 25 per cent in another area.
- b. The frequency with which students were seen to have a problem in anti-social behavior ranged from a low of 3 per cent in one administrative area to a high of 7 per cent in another.
- c. The need for remedial instruction in reading ranged from a low of 8 per cent in two areas to a high of 17 per cent in another.

8. Boy-Girl Differences

- a. More boys than girls were seen to have problems and were perceived to need more special services and programs than girls. The number and extent of these differences tended to lessen at the higher grade levels.
- b. In the physical areas, the differences are small between boys and girls for perceived needs, except for the items "hearing" and "motor coordination," where the ratio was shown to be 2:1, boys to girls.
- c. In task-oriented areas, "restlessness," "work habits," "attention span," and "inadequate motivation," each showed a ratio of approximately 2:1, boys to girls.
- d. The per cent of boys seen to have problems in the social-emotional areas was consistently higher than that for girls. The greatest difference was seen for the item, "inappropriate behavior," where there was a ratio of 3.2:1, boys to girls, followed by the items, "bizarre behavior," and "easily misled by peers," each having a ratio of 2.8:1, boys to girls. "Anti-social behavior" and "too impulsive" were checked "Yes, it is a problem," at a ratio of 2.6:1, boys to girls.

Boys were perceived to be aggressive and negative leaders of peers at a ratio of 2.4:1 to girls; the item, "over-reactive," was reported at a ratio of 2.3:1, boys to girls; "immaturity" was reported 2.2:1, boys to girls; and the items, "hostile to adults" and "class scapegoat," were reported 2:1, boys to girls.

- e. Within groups of grades there were differences noted. In Grades 1-3 the frequency with which boys were seen to have problems exceeded the girls in every item. At Grades 10-12, however, many items were reported with almost equal frequency for boys and girls.
- f. For all students there were more boys seen as needing a service or special program than there were girls. There were 18 items where the difference was above a 1.5:1 ratio, boys to girls.

Study 3: The Identification of the Incidence and Nature of the Needs of Handicapped Youth Not Attending the Montgomery County Public Schools

To conduct a study of the problems of youth who are not attending the public schools because they have special needs, the staff decided that the following information should be obtained:

1. Demographic data such as age, race, sex, grade level, and handicapping conditions
2. Data about the present placement of the youth and the needs for future placement
3. Data about the kind of educational program each youth is receiving, if any, and his present and future educational needs

Therefore, the staff decided to conduct a survey of every school age child who was known to be out of regular school programs because of his disabilities and special needs. The survey instrument which was designed is included in Appendix C.

Methods and Procedures

After determining the data needed, drafts of the survey instrument were designed in consultation with the director, Department of Pupil Services, and a consultant. The instrument was field-tested with staffs from nearby institutions such as St. Maurice Day School, Maryland School for the Deaf, and the Montgomery County Public Schools' Home Instruction Office.

The project staff identified 1,109 handicapped youth who were not attending the Montgomery County Public Schools through consultation with staff of the Department of Pupil Services, Welfare and Health Departments, and Juvenile Court and through visitation to state hospitals and other institutions. Children included in the study were located in 41 institutions in Maryland; 18 in Washington, D.C.; 15 in Virginia; and 50 in other states. Approximately 50 per cent of these 1,109 youth lived at home and attended special day schools such as St. Maurice, Hillcrest Children's Center, Jewish Foundation for Retarded Children, and Christ Church Child Center. Also included in the 1,109 were 175 youth who, according to the Montgomery County Public Schools' Home Instruction Office, were placed on home instruction because appropriate school programs were unavailable.

Since results of research done elsewhere on Head Start populations indicated that there was a high probability of finding physical, social, and emotional deficits in this group, it was decided to collect the same information on the Head Start population as had been sought for youth not attending public schools. The Head Start Office returned completed survey forms on 409 children.

Of approximately 1,550 forms sent out, 95.8 per cent were completed and returned by persons who were in contact with the children. As completed forms were received from the respondents, each was checked for duplication and completeness before being coded for keypunching.

The major findings have been grouped in three ways. The first set of findings is limited to the Head Start population. The second set of findings includes data about the 1,109 children who were placed in a private day school program, a private or public residential school, a correctional institution, a hospital, and on home instruction or who had no school program. Of the 1,109 youth, 159 were in a hospital placement with no educational program or were living in the community with no school program. The third set of findings is limited to the remaining 950 youth about whom information on programs and services was available.

Findings

1. The following were the major findings regarding the 409 children enrolled in Head Start:

- a. Demographic Data

- 1) 387 children lived in their own homes and 22 were living in foster homes.
 - 2) 209 were boys and 200 were girls.
 - 3) 175 children were white and 234 Negro.

- b. Handicapping Conditions

- 1) Handicapping conditions were reported as:

- 206 language impaired
 - 31 emotionally handicapped
 - 10 with a crippling condition or chronic health problem
 - 8 socially handicapped
 - 4 educable mentally retarded
 - 4 hearing impaired
 - 3 visually impaired
 - 2 other

- 2) 141 pupils were perceived to have no handicapping condition.
 - 3) The ratio of boys to girls who had a language impairment was about 1:1, however, for the emotional, social, and mental handicaps, the ratio was about 2 boys to 1 girl.

- 4) 48 children were described as not having intelligible speech and 24 were judged to be incapable of independent work or play.

c. Recommendations for Services and Programs for 1967-68

- 1) Approximately 204 children were seen to need speech, hearing, vision, or medical evaluation.
 - 2) Psychological and educational evaluations were each recommended for about 25 per cent of the children.
 - 3) 399 students were recommended for regular public school classes, 7 to continue in the Head Start program, 1 for a special education class, and for 2 there was no recommendation.
 - 4) 162 pupils will need remedial instruction in communication skills.
 - 5) 159 children were recommended for medical aid and 177 for speech therapy.
 - 6) 111 children were specified as needing clothing aid and/or free lunches.
 - 7) The families of approximately 35 per cent of the children were cited as having need for counseling, financial, and/or medical aid.
 - 8) For families of 30 children, the need for legal aid and better housing was expressed.
2. The following findings have been reported concerning the 1,109 children and youth with special needs who were placed in a private day school program, a five- or seven-day residential school, a correctional institution, or a hospital, on the home instruction program, or who had no school program.
- a. There was no one source which could supply the names or placements of these 1,109 youth or provide a census of such children.
 - b. Demographic Data
 - 1) 660 were boys and 449 were girls.
 - 2) 989 children were white, 84 were Negro, 3 were other, and for 33 race was not stated.
 - 3) 125 children were five years of age or younger, 326 six to eleven, 350 twelve to fifteen, and 308 sixteen or older.

c. Handicapping Conditions

- 1) 251 youth were perceived as emotionally handicapped, 245 as trainable or severely retarded (of these, 77 were severely or profoundly retarded), 159 as educable mentally retarded, 119 neurologically impaired, 74 were pregnancy cases, 72 had crippling conditions or chronic health problems, 59 were auditorily impaired, 59 socially handicapped, 40 language impaired, 21 visually impaired, and 10 educationally retarded.
- 2) In addition to having a primary handicap, 234 children were seen to be educationally retarded, 163 were language impaired, 148 neurologically impaired, 147 emotionally handicapped, 115 had a crippling condition or chronic health problem, 61 were educable mentally retarded, 27 were socially handicapped, 26 were trainable mentally retarded, 25 were visually impaired, and 11 had an auditory impairment.
- 3) 152 children were perceived as having no secondary handicap or none was stated.
- 4) 82 children were reported to be non-ambulatory. Of these, 33 were in no school program, 19 in a private residential program, 18 in a private day school program, 8 on home instruction, 3 in a day care activity program, and 1 in a public residential program.
- 5) 305 children were perceived to have no intelligible speech. Of these, 106 were in no school program, 100 in a private day school program, 51 in a private residential school program, 31 in a public residential school program, 12 in a day care activity program, 3 on home instruction, and 2 in other programs.

d. Recommendations for Placement for 1967-68

- 1) Of 1,109 children in the survey, 569 were seen to need home placement, 306 a five- or seven-day residential placement, 155 a hospital placement, 21 a foster home, 18 a group home, 5 a night and weekend residential placement, and 21 other placements, and for 14 no placement was recommended.
- 2) Of the 125 children five years of age and younger, 110 will need a home placement, 2 a foster or group home, 7 a five- or seven-day residential placement, and 5 a hospital placement, and for 1 no placement was stated.
- 3) Of the 326 children from 6-11 years of age, 187 were recommended to remain at home, 88 for a five- or seven-day residential placement, 40 for a hospital, 7 a foster or group home, and 3 night or weekend care, and for 1 no placement was stated.

- 4) Of the 350 youth from 12-15 years of age, 145 were recommended to be at home, 130 in five- or seven-day residential placement, 52 in a hospital placement, 8 in a group home, 6 in a foster home, and 1 in a night or weekend placement, and for 8 no placement was recommended.
- 5) Of the 308 youth who were 16 years and older, 127 were recommended for home placement, 81 for a five- or seven-day residential placement, 58 a hospital, 17 other placements, 9 a foster home, 7 a group home, and 1 night and weekend care. No recommendations were made for 8.
- 6) Of the 569 youth recommended for home placement, 96 were emotionally handicapped, 95 educable mentally retarded, 95 neurologically impaired, 77 trainable mentally retarded, 62 girls who had been pregnant, 52 with crippling conditions or chronic health problems, 38 language impaired, 24 socially handicapped, 21 hearing impaired, 5 visually handicapped, and 4 educationally retarded.
- 7) Of the 306 youth recommended for a five- or seven-day residential placement, 111 were emotionally handicapped, 58 trainable mentally retarded, 35 hearing impaired, 23 socially handicapped, 22 educable mentally retarded, 20 neurologically impaired, 16 visually handicapped, 15 had crippling conditions or chronic health problems, 3 educationally retarded, 1 language impaired, and 2 had no primary handicap stated.
- 8) Of the 155 youth who were recommended for hospital placement, 105 were trainable or severely retarded, 32 educable mentally retarded, 13 emotionally handicapped, 4 had crippling conditions or chronic health problems, and 1 was neurologically impaired.
- 9) Of the 39 youth who were seen to need a foster or group home placement, 15 were emotionally handicapped, 9 socially handicapped, 9 educable mentally retarded, 2 trainable mentally retarded, 2 educationally retarded, 1 neurologically impaired, and 1 hearing impaired.
- 10) Of the 5 youth recommended for night and weekend care, 4 were emotionally handicapped, and 1 had a hearing handicap.

e. Recommendations for Programs for 1967-68

- 1) The need for a public or private residential educational program was cited for 326 children. Of these, 101 were emotionally handicapped, 68 trainable or severely mentally retarded, 52 educable mentally retarded, 35 hearing impaired, 20 neurologically impaired, 16 visually impaired, 16 had a crippling condition or chronic health problem, 13 socially handicapped, 3 educationally retarded, 1 language impaired, and 1 had no handicap stated.

- 2) Private day school programs were seen to be needed for 283 youth. Of these, 79 were neurologically impaired, 63 educable mentally retarded, 49 trainable mentally retarded, 42 emotionally handicapped, 21 had a crippling condition or chronic health problem, 15 hearing impaired, 7 language impaired, 4 socially handicapped, 2 visually impaired, and 1 educationally retarded.
 - 3) Regular public school programs were recommended for 163 youth. Of these, 65 were emotionally handicapped, 35 were girls who had been pregnant, 29 socially handicapped, 16 had a crippling condition or chronic health problem, 11 language impaired, 4 educationally retarded, 1 educable mentally retarded, 1 visually handicapped, and 1 neurologically impaired.
 - 4) Of the 128 youth recommended for special education classes in public school, 35 were educable mentally retarded, 22 trainable mentally retarded, 19 emotionally handicapped, 15 language impaired, 14 neurologically impaired, 10 socially handicapped, 5 had a crippling condition or chronic health problem, 4 hearing impaired, 3 girls who had been pregnant, and 1 was educationally retarded.
 - 5) A day care activity program was seen to be needed for 23 youth. Of these, 9 were trainable or severely mentally retarded, 8 emotionally handicapped, 2 visually impaired, 2 hearing impaired, 1 neurologically impaired, and 1 had a crippling condition or chronic health problem.
 - 6) Nine were recommended for a home instruction program. Eight of these had a crippling condition or chronic health problem, and one was neurologically impaired.
 - 7) Of 153 youth for whom no school program was recommended, 95 were severely mentally retarded, 8 educable mentally retarded, 6 emotionally handicapped, 3 hearing impaired who were graduating, 2 socially handicapped who were joining the armed forces, 2 neurologically impaired, 2 with a severe crippling condition or chronic health problem, 1 educationally retarded, and 34 were girls who had been pregnant and who had left school by graduation or other reasons.
 - 8) For 24 children, no recommendation regarding a school program was made.
3. For 159 of the 1,109 youth, the respondents were instructed not to mark the items regarding programs and services on the survey forms. This population of 159 included youth in hospital placement with no educational program, N=104, and youth in no educational program in 1966-67 as reported by the Area Public Health Nurses and Montgomery County Public Schools' pupil personnel workers, N=55. Therefore, the findings concerning programs and services were based on the remaining 950 youth in the survey who were in a private day school program, five- or seven-day residential program, correctional institution, a hospital,

or on home instruction. Of this population of 950, 116 children were five years and younger, 285 were six to eleven, 303 were twelve to fifteen, and 246 were sixteen or older.

a. Recommendations for Educational Programs for 1967-68 and Level of Service at Time of Survey

- 1) 229 students were reported to need general remedial instruction. Of these, 39 were five and younger, 59 six to eleven years, 81 twelve to fifteen, and 50 sixteen and older.

257 students needed such a program at the time of the survey, and it was available to 83 per cent of them.

- 2) 152 pupils were recommended for remedial reading instruction. Of these, 4 were five years and younger, 37 six to eleven, 66 twelve to fifteen, and 45 sixteen and older.

177 students needed such a program at the time of the survey, and it was available to 81 per cent of them.

- 3) 145 children will need remedial arithmetic. Of these, 6 were five and younger, 39 six to eleven, 62 twelve to fifteen, and 38 sixteen and older.

168 students needed such a program at the time of the survey, and it was available to 70 per cent of them.

- 4) 180 pupils will need remedial instruction in communication skills. Of these, 38 were five and younger, 51 six to eleven, 59 twelve to sixteen, and 32 sixteen and older.

204 youth needed such a program at the time of the survey, and it was available to 80 per cent of them.

- 5) 161 pupils will need specific vocational training. Of these, 18 were six to eleven years of age, 76 twelve to fifteen, and 67 sixteen and older.

195 youth needed such a program at the time of the survey, and it was available to 40 per cent of them.

- 6) 219 children will need a program for the emotionally handicapped. Of these, 10 were five and younger, 80 six to eleven, 83 twelve to fifteen, and 46 sixteen and older.

257 students needed such a program at the time of the survey, and it was available to 55 per cent of them.

- 7) 248 students will need a program for the educable mentally retarded. Of these, 30 were five and younger, 105 six to eleven, 87 twelve to fifteen, and 26 sixteen and older.

265 pupils needed such a program at the time of the survey, and it was available to 90 per cent of them.

- 8) 162 students will need a program for specific learning disabilities. Of these, 13 were five and younger, 74 six to eleven, 62 twelve to fifteen, and 13 sixteen and older.

190 students needed such a program at the time of the survey, and it was available to 80 per cent of them.

- 9) 140 students were seen to need a program for the trainable mentally retarded. Of these, 24 were five years and younger, 48 were six to eleven, 43 twelve to fifteen, and 25 sixteen or older.

149 children needed such a program at the time of the survey, and it was available to 93 per cent of them.

- 10) 76 students will need a program for the auditorily handicapped. Of these, 9 were five years and younger, 27 six to eleven, 24 twelve to fifteen, and 16 sixteen and older.

78 students needed such a program at the time of the survey, and it was available to 88 per cent of them.

- 11) 59 students were perceived to need a program for neuro-muscular or chronic health problems. Of these, 9 were five years and younger, 17 six to eleven, 21 twelve to fifteen, and 12 sixteen and older.

64 needed such a program at the time of the survey, and it was available to 60 per cent of them.

- 12) 38 students will need a program for the orthopedically handicapped. Of these, 11 were five years and younger, 15 six to eleven, 9 twelve to fifteen, and 3 sixteen and older.

38 students needed such a program at the time of the survey, and it was available to 90 per cent of them.

- 13) 32 pupils were seen to need a program for the visually handicapped. Of these, 1 was five years and younger, 11 were six to eleven, 16 twelve to fifteen, and 4 sixteen and older.

38 students needed such a program at the time of the survey, and it was available to 80 per cent of them.

- 14) 176 pupils were seen to need a regular public school program. Of these, 20 were five years and younger, 33 six to eleven, 52 twelve to fifteen, and 17 sixteen or older.

123 pupils needed such a program at the time of the survey, and it was available to 88 per cent of them.

b. Recommendations for Evaluation Services for 1967-68 and Level of Service at Time of Survey

- 1) 373 students will need a psychological evaluation.

466 students were seen to need such an evaluation at the time of the survey, and it was available to 63 per cent of them.

- 2) 361 students will need an educational evaluation.

389 students were seen to need such an evaluation at the time of the survey, and it was available to 47 per cent of them.

- 3) 269 pupils will need a medical evaluation.

281 students were seen to need such an evaluation at the time of the survey, and it was available to 56 per cent of them.

- 4) 245 students will need a speech evaluation.¹

284 students needed such an evaluation at the time of the survey, and it was available to 83 per cent of them.

- 5) 190 students will need a hearing evaluation.

203 pupils needed such an evaluation at the time of the survey, and it was available to 91 per cent of them.

- 6) 189 students will need a psychiatric evaluation.

224 pupils needed such a service at the time of the survey, and it was available to 58 per cent of them.

- 7) 181 students will need a vocational evaluation.

221 students were seen to need such an evaluation at the time of the survey, and it was available to 38 per cent of them.

- 8) 179 students will need a vision evaluation.

190 students needed this evaluation at the time of the survey, and 89 per cent were receiving this evaluation.

c. Recommendations for Therapeutic Services for 1967-68 and Level of Service at Time of Survey

- 1) 238 students were recommended for speech therapy. Of these, 85 were five and younger, 96 six to eleven, 48 twelve to

¹This is the only evaluation service in which the frequency of perceived need consistently dropped through succeeding age groups.

fifteen, and 11 sixteen and older.

263 students needed this service at the time of the survey, and it was available to 96 per cent of them.

- 2) 148 students were recommended for psychotherapy. Of these, 8 were five years and younger, 59 six to eleven, 57 twelve to fifteen, and 24 sixteen and older.

163 students needed this therapeutic service at the time of the survey, and it was available to 56 per cent of them.

- 3) 73 students will need physical therapy. Of these, 9 were five years and younger, 41 six to eleven, 17 twelve to fifteen, and 6 sixteen and older.

82 youth needed this service at the time of the survey, and it was available for 68 per cent of them.

- 4) 63 youth will need occupational therapy. Of these, 11 were five and younger, 21 six to eleven, 17 twelve to fifteen, and 14 sixteen or older.

75 students needed this service at the time of the survey, and it was available for 73 per cent of them.

- 5) 36 pupils will need hearing therapy. Of these, 9 were five and younger, 15 six to eleven, 9 twelve to fifteen, and 3 sixteen or older.

40 pupils needed this service at the time of the survey, and it was available to 78 per cent of them.

d. Recommendations for Other Services for 1967-68 and Level of Service at Time of Survey

- 1) 303 youth will need the services of the school counselor. Of these, 5 were five or younger, 37 six to eleven, 150 twelve to fifteen, and 111 sixteen or older.

365 students needed this service at the time of the survey, and it was available for 79 per cent of them.

- 2) 206 students will need dental services. Of these, 34 were five or younger, 66 six to eleven, 78 twelve to fifteen, and 28 sixteen or older.

215 pupils needed this service at the time of the survey, and it was available to 90 per cent of them.

- 3) 243 pupils will need the services of the pupil personnel worker. Of these, 43 were five and younger, 52 six to eleven, 86 twelve to fifteen, and 62 sixteen or older.

262 youth needed this service at the time of the survey, and it was available to 80 per cent of them.

- 4) 82 students will need medical aid. Of these, 3 were five and younger, 33 were six to eleven, 36 twelve to fifteen, and 11 sixteen or older.

110 students needed this service at the time of the survey, and it was available to 91 per cent of them.

- 5) 37 youth were recommended for a sheltered workshop. Of these, 5 were six to eleven years, 11 twelve to fifteen, and 21 sixteen or older.

42 youth needed this placement at the time of the survey, and it was available to 47 per cent of them.

- 6) 32 pupils will need prosthetic appliances and aid. Of these, 5 were five years or younger, 13 six to eleven, 9 twelve to fifteen, and 5 sixteen or older.

30 pupils needed this aid at the time of the survey, and it was available to 87 per cent of them.

4. The families of 412 children were recommended for family counseling services for 1967-68. Of these, 50 of the children in the survey were five years or younger, 137 six to eleven, 144 twelve to fifteen, and 81 sixteen or older. The families of 469 children were seen to need this service at the time of the survey, and it was available for 56 per cent of them.

Study 4: A Survey of Community Agencies

To obtain a measure of the nature, extent, and availability of community resources to meet the special needs of children, a questionnaire (Appendix D) was devised in consultation with key personnel of several public and private agencies who helped test the instrument for clarity and comprehensiveness. The following agencies participated in the field-testing:

Bureau of Maternal and Child Health, Montgomery County Health Department
Child Mental Health Services, Montgomery County Health Department
Montgomery Health and Welfare Council
Montgomery County Mental Health Association
Easter Seal Treatment Center
Christ Church Child Center
Department of Pupil Services, Office of the Director,
Montgomery County Public Schools

The questionnaire consisted of two parts. Part I was designed to yield information concerning type of program; nature of services; eligibility for service by age, sex, and condition of handicap; geographical restrictions; information concerning fees; and tuition aid. Assessment of the availability of services was attempted in terms of waiting periods for admission to day and residential

school programs and waiting periods for treatment services.

In order to study ways of increasing the effectiveness of existing services, Part I of the questionnaire also requested information concerning referral methods, interagency contacts and follow-up, and methods of reporting findings to other agencies and to schools.

Following consultation with the director of the Montgomery Health and Welfare Council and the director, Department of Pupil Services, Montgomery County Public Schools, a list was compiled of 192 public, private, and voluntary agencies and day and residential schools in the metropolitan Washington-Baltimore areas within a 50-mile radius of Rockville. An additional list of 109 residential facilities beyond this area was drawn up using the state tuition aid files maintained by the Office of the Director of the Department of Pupil Services of the Montgomery County Public Schools. These schools serve Montgomery County children whose handicapping conditions require a highly specialized environment or whose placement is limited by the availability of appropriate local programs. Table 2 deals with the distribution and return of the questionnaires mailed to 301 agencies.

TABLE 2
Questionnaires Sent to Agencies
N=301

	In Area	Outside Area	Total
Questionnaires Sent	192	109	301
Questionnaires Completed and Returned	174	85	259
Did Not Reply	15	24	39
Not in Operation	3	...	3

Findings

Analysis of the 174 questionnaires completed by agencies within a 50-mile radius of Rockville yielded the most useful information concerning the nature and availability of services for children in Montgomery County. Of the 174 agencies in the area who completed and returned the questionnaires, 138 indicated that they provided direct services to Montgomery County children and their families. Agencies which rendered these services were public, private, nonprofit, voluntary, or church-affiliated.

Major findings of this survey based on the responses of the 138 agencies were:

1. A wide range of services was provided including medical, psychological, and psychiatric diagnosis; day school, day care, and residential programs; counseling and psychotherapy; vision evaluation and treatment; speech and hearing evaluation and therapy; vocational evaluation, training, and placement; and information and referral guidance.
2. One of the 138 agencies offered night and weekend care for handicapped children.

3. Psychological diagnostic services were provided by 57 agencies and were available for all categories of handicap.
4. General medical, speech, hearing, and vision evaluations were available at 29 agencies.
5. Of 49 day and residential schools, 15 provided psychiatric evaluation on contract or by consultant staff.
6. Of a total of 58 day, residential, state, and training schools who responded to the item regarding therapies, 20 provided speech therapy, 7 hearing, 10 occupational, 7 physical, and 4 other therapies.
7. Of 44 agencies which offered psychotherapy, 23 reported it was available on an emergency basis. In 27 of the 44 agencies, the waiting period was reported to be less than 1 month, while in 8 facilities the waiting period was from 1 to 3 months.
8. Most facilities indicated that their services were available within 1 to 6 months after application and only rarely was it necessary to wait beyond a year for admission.
9. Agencies provided more diagnostic services than educational and therapeutic services.
10. Seventy-eight agencies used volunteers to fulfill part of their staffing needs.
11. Of the 9 facilities which served delinquents from Montgomery County, 8 were public and 1 was church-affiliated. Of 44 agencies which served the emotionally handicapped and mentally ill, 33 were private while 11 were tax-supported. Of 31 agencies serving the mentally retarded, 25 were private and 6 were tax-supported.
12. Of 35 agencies which provided seven-day residential care for various types of handicapped children, 7 charged no fee, 13 charged a fixed fee, 14 used a sliding scale to determine fees, and 1 provided no information regarding fees. The state tuition grant was not available in 21 of these agencies. At 14 of the facilities, the state tuition grant covered part but not all of the fee.
13. Of 5 facilities which offered five-day residential care, 1 charged no fee, 1 charged a fixed fee, and 3 prorated fees on a fixed scale. The state tuition grant was not available for placement in 1 agency, but covered part of the fee in the 4 other agencies.
14. Of 35 facilities which offered day school programs for children with various handicaps, 2 charged no fee, 14 charged a fixed fee, 17 operated on a sliding scale, and 2 provided no information. Of these 35 facilities, 5 were not approved for the state tuition grant, 25 had fees partially covered by state tuition aid, 2 had fees completely covered by tuition aid, and 3 did not supply this information.

15. Of 138 agencies, 5 offered day care services and of these 2 charged no fee, 1 had a fixed fee, and 2 used a sliding scale. The state tuition grant was not available for placement at 2 of the 5 centers, but covered all of the fee in the remaining 3 centers.
16. Of 138 agencies, 6 provided occupational training and of these 2 charged no fee, 2 charged a fixed fee, and 2 used a sliding scale. State tuition aid was available in 1 of the 6 facilities.
17. Fifty-seven agencies made referrals and followed through to determine whether the needed service for a client was available and obtained. Sixty-one other agencies informed the client where the needed service could be found but did not seek it for him. Of these 61, about one-third indicated that they used some means for following up.
18. To give feedback to professionals and parents, 59 agencies reported their findings through a conference. Written reports were issued by 91 agencies.

Study 5: An Analysis of Recommendations Made by Community Agencies

Part II of the aforementioned questionnaire attempted to draw upon the skill, experience, and needs of the professional community which provides ancillary services to children and parents. Civic and parent associations also represent a pool of interest and ability which the project wished to tap. Four questions were drafted to involve these groups in the planning for a supplementary education center and to yield detailed recommendations concerning ways in which the schools and agencies could best coordinate their common efforts.

Of 174 questionnaires completed and returned by agencies within a 50-mile radius of Rockville, 97 contained comprehensive recommendations for needed programs and services. About 385 recommendations specifically applied to planning for educationally disadvantaged children.

The findings from this study have been combined with the findings from Study 6 which was the review of records of testimony before the Governor's Commission on the Educational Needs of Handicapped Children.

Study 6: A Review of Records of Testimony Before the Governor's Commission on the Educational Needs of Handicapped Children

Although the 1966 Governor's Commission on the Educational Needs of Handicapped Children had issued five priority recommendations for the improvement of programs for handicapped children, attendance at public hearings of the commission suggested that a study of the reports submitted by state and local agencies would yield significant information which had relevance to planning a supplementary education center. Thirty-one of the reports submitted were found to contain pertinent material.

Findings

In responses to the open-ended questions of Part II of the questionnaire and in records of testimony before the Governor's Commission, representatives of

community agencies cited need for:

1. Services geared to prevention of handicapping conditions as well as to remediation.
2. Continuous health evaluation and supervision to begin at birth for the child with provision for adequate prenatal and maternal care.
3. Immediately available and continuous parent education and counseling services. Twenty-five agencies made recommendations in this area.
4. Regional programs for children with specific handicaps to include such areas as mobility training, intensive speech and hearing therapy, vocational education, and outdoor education.
5. Recreation including summer camp experiences to broaden the experiences of handicapped children and to increase their independence.
6. Maximum utilization of the resources of the Division for the Blind and Physically Handicapped of the Library of Congress and the Resource Room for the Visually Handicapped at the Davis Memorial Library.
7. Training and education for handicapped children which begins in infancy with home visiting services and other instructional programs for parents in methods for training the children that will extend into pre-school group experiences that lead to adequate total school programs.
8. Day care centers for retarded and emotionally disturbed children who cannot benefit from an educational program. Day care centers also are needed for children from families whose mothers need to work.
9. Residential facilities for children who need care outside of their homes but who do not need a treatment center; and for children returning from correctional institutional placements and others who need a group home or halfway house experience prior to making the complete return to their homes.
10. Early identification and diagnosis of specific problems upon which to base the development of effective corrective and remedial programs for children with special needs. This area was cited by 23 community agencies in 28 recommendations.
11. Children enrolled in private and parochial schools to share in the services available to public school children such as psychological testing, counseling, speech and hearing therapy, and remedial reading instruction which are often not available to them without transferring to the public school.
12. Improvement of transportation services for pupils enrolled in special education classes so that the extensive travel time for some of the children does not drain their limited energies and shorten the instructional day.

13. Vocational and technical programs for students with low academic performance or a handicapping condition with emphasis at the junior high level and, in some measure, vocational education for all students which would extend into the junior college for some.
14. Coordination of community services which would include a central register and a metering of handicapped children and youth and a central information and referral center. Almost 100 recommendations within the general area of coordination of community services were directed to the integration of case work services for individuals, coordination of interagency planning to avoid waste through duplication, and coordination of educational programming with diagnostic and treatment services. Several agencies emphasized the need to involve the parents on a continuing basis.
15. A spectrum of programs for the emotionally handicapped. More than 50 recommendations were directed to the need for educational, residential, diagnostic, and therapeutic programs for emotionally handicapped children.

Other Activities to Achieve the Project Objective

In addition to the six studies described, other methods were employed by the staff to collect relevant information to be used in planning. Among the methods were firsthand observation of exemplary projects through site visits, face-to-face communication with persons recognized to have experience relevant to the project, and the organization of workshops and resource panels. Site visits made by the staff and major conferences attended by staff are recorded in Appendix A.

As a result of the survey of community resources, several exploratory meetings on coordination of services have been held with groups of community agencies.

A Workshop on Coordination of Community Resources for Children with Visual Handicaps was organized in November, 1966, as a pilot to study effective methods of coordination. This group developed a model for education programs and ancillary services for handicapped children. Although the meetings have centered around the problems of the visually handicapped, the models developed are applicable to all areas of handicap. Representatives from the following agencies attended the workshop sessions:

Maternal and Child Health Services
Montgomery County Health Department
Division of Social Worker Services
Montgomery County Health Department
Program for Visually Handicapped
Montgomery County Public Schools
Division of Vocational Rehabilitation, District Office
Maryland School for the Blind
Optometric Society of the National Capital Area
Maryland Association for the Visually Handicapped
Division for the Blind and Physically Handicapped
Library of Congress

Columbia Lighthouse for the Blind, Washington, D.C.
Lions Club Preschool Nursery for Blind Children
Silver Spring, Maryland
Office of the Director, Department of Pupil Services
Montgomery County Public Schools
Easter Seal Treatment Center, Rockville, Maryland
Family Service of Montgomery County
Speech and Hearing Programs
Montgomery County Public Schools
Davis Memorial Library
Montgomery County Public Libraries
Pilot School for Blind Children, Washington, D.C.
Office of the Director, Special Education Services
Montgomery County Public Schools
Child Mental Health Services
Montgomery County Health Department
Ophthalmologists Society of the National Capital Area

Interest in the project led to meetings to explore the coordination of activities with two major facilities which offer diagnostic and treatment services. These meetings caused the involvement of other school and agency personnel. Matters such as comprehensive evaluation of children and methods of referral and feedback were explored.

The project was represented in a group of agencies which participated in planning for the organization of a church-affiliated preschool to meet the needs of emotionally disturbed children.

A liaison function was maintained with departments of the Montgomery County Public Schools through staff and special meetings to keep the project in line with the needs and goals of the Montgomery County Public Schools. In addition, meetings were held with leaders from nonpublic schools to keep them informed about the project.

As a result of contacts with other agencies, a report was sent to the project staff which estimated that there are 517 children in Montgomery County who were victims of the rubella epidemic born January, 1964, to March, 1965. Among these 517 children, it is predicted that there will be 181 cases of congenital heart disease, 250 cases of hearing loss, 103 with visual problems, and 129 with intellectual disabilities. Some of the children will be multi-handicapped.

Conclusion Formulation, Priority Determination, and Recommendation Development Phase, April 1, 1967 to September 30, 1967

Proceeding on the assumption that needs should determine program, the project staff synthesized the findings from all of the studies. This comprehensive body of data was analyzed to enumerate the needs, formulate conclusions, determine priorities, and develop recommendations.

CONCLUSIONS

1. The community cares about the special needs of its children and youth. Many excellent school programs and other community services contribute to the wholesome growth and development of the children of Montgomery County.
2. The diversity of problems facing educationally disadvantaged children and their families is so great that comprehensive and continuous approaches must be applied.
3. More than a model demonstration school is needed to provide adequately for the complex needs of some of the children in Montgomery County. A more comprehensive approach is required which would include specialized educational centers, in-school services, residential programs, and community services.
4. The data collected on pupils through the "Inventory of Student Needs" and the "Survey of Student Placement" support the continuing recommendations made by representatives of community agencies for the early identification of children with special needs, expansion of existing and development of new vocational education programs for handicapped children, increased efforts in pre-service and in-service training of specialized personnel, coordination of case work services and community planning, expansion and improvement of family services such as counseling, provision of a spectrum of residential services, expansion of existing programs for handicapped children and institution of new programs and services.
5. Comprehensive screening procedures to identify children with problems and to provide specific information that can serve as a predictor of difficulties are needed for the Montgomery County Public Schools. These procedures should be applied prior to kindergarten and should be continually applied throughout the school life of the individual.
6. There is no one screening device that can be applied in a school setting to discover a broad range of problems in children.
7. An approach to diagnosis of learning problems that is more closely related to the reality of school situation must be developed. If diagnostic findings are to be applicable to the teaching situation, then diagnosis must be viewed as part of the intervention process.
8. A vocational evaluation should be accomplished on each handicapped child at an appropriate time.
9. Every program for handicapped children should be supported by adequate evaluation services.
10. The community provides more evaluation and diagnostic services than treatment and specialized educational services.
11. Programs should be developed so that information about specific learning and social behaviors of each child is utilized to construct an individualized educational program.

12. The need for individualized instruction is implied for a substantial number of children for whom programs were identified as too difficult, grade placement too high, grade placement too low, or program unchallenging.
13. Diagnostic labels, such as emotionally handicapped or mentally retarded, are not necessarily accurate predictors of specific, academic, emotional, social, or interpersonal behaviors and do not provide a basis for educational programming for children to whom they are applied.
14. Specific attention must be given to the development of programs that begin in kindergarten and continue through the twelfth grade that are directed toward the goal wherein all pupils acquire task-oriented skills such as "following directions," "paying attention," and utilizing appropriate work habits.
15. The educational program for most children with special needs should be provided in the regular school. Specialized services should be provided before the child experiences failure.
16. An educational program for some children whose social, emotional, and physical needs are severe and complex can be provided more appropriately in a specialized facility.
17. A transitional program is needed for children who are leaving non-public school placements to return to the public schools.
18. Enough information is not available as to the reasons why more boys than girls have a greater frequency of problems in the social and emotional areas and are seen to require more special remedial and pupil services.
19. Many of the victims of the rubella epidemic of 1963, who will be four years old January, 1968, will need special programs and services.
20. The need for different approaches to instruction is implied in the findings that one-fifth of the pupils of the Montgomery County Public Schools have problems in following directions and in paying attention.
21. There must be an aggressive, varied, realistic, and individualized staff development program to develop skill in all educators to communicate with each other, to identify more adequately the problems of children, to individualize programs for each child on the basis of his needs, to use technology to provide the best program for each child, and to make appropriate referrals for help.
22. Innovative school programs require intensive staff training prior to the institution of the program and continuing throughout its operation.
23. A chronic shortage of specialized personnel such as reading specialists, psychologists, counselors, and special education teachers exists.
24. Communication between teachers and school-based specialists is better than between teachers and out-of-school specialists.

25. Communication between teachers and specialists, both school-based and traveling, is better at the elementary level than at the secondary.
26. There is a need for the development of new patterns to utilize existing specialized staff and the development of new roles, particularly para-professional, to provide evaluation services and specialized instruction.
27. As the county has grown larger and more complex, it has become increasingly more difficult to obtain information about the availability of services and the procedures for procuring them. There is no clearinghouse of information regarding services for children with special needs.
28. The community does not have a continuous flow of comprehensive information about children with special needs and a continuous assessment of the resources available to meet their needs.
29. Information on all pupils who are not attending the Montgomery County Public Schools because of their special needs is not available in such a way that it can be efficiently reviewed by appropriate administrative personnel to determine need for expansion of existing programs and development of new programs.
30. Many of the children not attending the public schools because of their special needs are not receiving some of the services they need.
31. If continuing leadership were provided, coordination of planning among public and private agencies would increase.
32. A central clearinghouse of reports and documents prepared in Montgomery County and Maryland relevant to the special needs of children and youth should be established.
33. Transportation for some of the children enrolled in public school special programs is inadequate.
34. Some community services are unavailable to children with special needs because there is no transportation.
35. It has been demonstrated that needs within administrative areas in the county differ significantly in incidence; therefore, to provide equality of education for all children in Montgomery County, services must be allocated on a differentiated basis to each school according to the needs of the pupils.
36. Services available to public school children with special needs are not as available to children with special needs attending private and parochial schools.
37. A chronic shortage of five- and seven-day residential facilities, particularly for adolescents, exists in Montgomery County.
38. There is a gross shortage of night and weekend care for handicapped children in the local community.

39. Residential services should be available for children who need to be placed out of their homes but who do not need an educational program different from that which can be provided in the regular schools.
40. Short-term residential care for youth, particularly delinquents, is inadequate.
41. Of all educationally disadvantaged children, emotionally handicapped children are the least adequately provided for in terms of available therapeutic, residential, and educational programs.
42. A systematic effort is not being employed to identify and instruct emotionally handicapped children based on information about their specific educational needs.
43. Pupils who have emotional and social handicaps have a broad range of problems that require the services of several disciplines.
44. The label, "Emotionally Handicapped," is medically oriented and does not adequately describe the educational needs of children so disabled.
45. Of children perceived to need services for academically talented, those at the secondary level are being provided for more often than those in the elementary level.
46. Counseling for the parents and siblings of handicapped children is a neglected service of the community.
47. Comprehensive school services for girls whose education is interrupted by pregnancy are inadequate.
48. There is a lack of coordination of services for adolescent mothers.
49. More vocational evaluation services and vocational training programs are needed beginning with entrance to junior high school.
50. Many children who were not enrolled in public schools because of handicapping conditions are not receiving adequate vocational evaluation and training services.
51. There is no systematic collection of data on pupils who leave school prior to graduation. Such information would be helpful in evaluating the effectiveness of present programs, in determining the need for new programs, and in identifying potential dropouts.
52. Information collected about students who graduate from the Montgomery County Public Schools is insufficient to make decisions about the adequacy of existing programs and the need for the development of new programs.

RECOMMENDATIONS

Having formulated conclusions on the basis of the findings, the project staff developed the following recommendations which, if implemented, would improve educational opportunities for children and youth with special needs:

Recommendation
Number 1

Early Diagnosis
and
Intervention

Evaluate and demonstrate the feasibility of school-based early identification, diagnostic, and intervention processes to improve the educational performance of children who have deficits in learning, social, emotional, and physical areas; apply these processes without regard to categoric labels; develop a diagnostic teaching team as the core of the diagnostic and intervention procedures.

Recommendation
Number 2

Emotionally
Handicapped
Adolescents

Develop and institute a multi-level, year-round program for the evaluation, re-education, and adjustment of emotionally handicapped boys and girls, Grades 6 through 12, in three related settings to include an adolescent development center for the rehabilitation of youth with severe problems, special classes and services in selected secondary schools for the less seriously involved, and a pilot program for mentally retarded adolescents with emotional handicaps in another setting. Such a multi-level educational program, which includes transitional programs for those awaiting or returning from institutions, must be coordinated with a spectrum of residential services including group or foster homes, a residential center or hospitals. Primary responsibilities for such residential services are the charge of the health, welfare, and juvenile services agencies rather than of the educational system and should be included in current planning by these agencies for a health and welfare complex.

Recommendation
Number 3

Staff
Development

Institute programs for developing the effectiveness of teaching, supervisory, and specialist personnel in identifying and meeting the special needs of children; for increasing and augmenting teaching and specialist staff in response to the increased need for specialized services; and for training and utilizing para-professional staff.

Recommendation
Number 4

Coordination

Develop a permanent new unit of the county government for the coordination of services performed by school and other agencies for children with special needs, for the maintenance of a central register of such children from birth through age 21, and for the development of a central information and referral

Recommendation
Number 4
(continued)

service which would include a clearinghouse of community resources and furnish information and guidance for parents of children with special needs.

Recommendation
Number 5

Vocational
Training

Improve and expand vocational evaluation and training in some measure for all children and youth and specifically for the mentally and educationally retarded and socially and economically deprived.

Recommendation
Number 6

Allocation of
Services

Allocate special services within the Montgomery County Public Schools on the basis of demonstrated pupil and staff needs and explore ways of meeting the special needs of children attending nonpublic schools.

Recommendation
Number 7

Parent
Counseling

Initiate a pilot project to develop, augment, and coordinate a variety of needed, continuous parent counseling services; to provide related family services; and to explore how and by whom these services could most feasibly be supplied. This project should be incorporated within the development of the new permanent unit for the coordination of school and community services set forth in Recommendation Number 4.

Recommendation
Number 8

Transportation
for
Special Programs

Improve transportation services for pupils in special programs so that no pupil will spend more than one hour each way commuting to a special program and no pupil will be denied an appropriate program because transportation cannot be arranged.

Recommendation
Number 9

School
Withdrawal

Develop and implement a county-wide plan for the systematic collection of information on all children who withdraw from school.

Recommendation
Number 10

Adolescent
Mothers

Study the means for improving and coordinating the educational, health, and social services which the community is extending to girls whose education is interrupted by pregnancy.

Recommendation
Number 11

Validation of
the Inventory

Validate the Inventory of Student Needs, an instrument developed and used by the staff of the Office for Planning a Supplementary Education Center, for application in this school system and others as a screening device and as a measure of the incidence of pupil needs to be used for continuous planning.

The next section of the report includes a restatement of each recommendation with suggested methods of implementation and supporting evidence collected through the project studies.

Recommendation
Number 1

Early Diagnosis
and
Intervention

EVALUATE AND DEMONSTRATE THE FEASIBILITY OF SCHOOL-BASED EARLY IDENTIFICATION, DIAGNOSTIC, AND INTERVENTION PROCESSES TO IMPROVE THE EDUCATIONAL PERFORMANCE OF CHILDREN WHO HAVE DEFICITS IN LEARNING, SOCIAL, EMOTIONAL, AND PHYSICAL AREAS; APPLY THESE PROCESSES WITHOUT REGARD TO CATEGORIC LABELS; DEVELOP A DIAGNOSTIC TEACHING TEAM AS THE CORE OF THE DIAGNOSTIC AND INTERVENTION PROCEDURES.

Suggested Implementation

Since this recommendation was so overwhelmingly supported by evidence, a proposal under Title III, ESEA, was written and submitted to the United States Office of Education to meet the deadline of July 1, 1967. This proposal entitled, "Project FOCUS," is a pilot project to Focus on Children with Undeveloped Skills in eight elementary schools, involving approximately 6,000 children over a period of three years. Children, pre-Kindergarten through Grade 3, will be included in the first phase, December 1, 1967, to August 31, 1968; children, pre-Kindergarten through Grade 4, will be included in the second phase, September 1, 1968, through August 31, 1969; children, pre-Kindergarten through Grade 5, will be included in the third phase, September 1, 1969, to August 31, 1970.

This proposal departs from traditional approaches by integrating diagnostic processes with remediation procedures through a school-based diagnostic team which has at its core a diagnostic and prescriptive teaching component using specially trained and skilled teachers in a classroom setting. The team of specialists in related areas is designed to support and extend the diagnostic function of the teachers.

The objective of Project FOCUS is to find and develop better ways to improve the educational performance of children whose skills are deficient. The procedures include systematic screening of all children in the designated grades in six of the project schools. In four of these six schools, specific diagnosis by a school-based team of specialists will be accomplished. Some of the children will work with a specially trained teacher in a diagnostic classroom part of the day so that the professional staff can prescribe methods and procedures for intervention. Depending upon the nature of the prescription and the complexity of the child's problems, some prescriptions will be applied by the regular classroom teachers and others by the prescriptive teacher in coordination with the classroom teacher. In the remaining two schools where the comprehensive screening processes will have been employed, there will be no further project activity except data collection for evaluation.

In two additional schools, no screening will take place. Children, pre-Kindergarten through Grade 3, in these two schools will be served by the child development team including the diagnostic and prescriptive teachers on referral from the teachers and principal. To provide information for evaluation, additional schools will be used as controls only for data collection.

Evaluation is considered integral to the project and will be provided throughout the pilot effort. Vital to the endeavor will be staff training, development of instructional media, and dissemination of findings.

The identification, diagnostic, intervention, and follow-up processes suggested in Project FOCUS emphasize a partnership of the staff already involved at the

local school level. The project's focus on specificity of undeveloped skill should not be interpreted as indicating that the concept of the totality of a child's learning and developmental processes is denied; rather, what is proposed here is that the child be truly dealt with as a whole individual, with his uniqueness clearly described and with goals unique to him vigorously sought without removing him from his home school.

Supporting Evidence

On June 13, 1967, the Montgomery County Board of Education approved the proposal for Project FOCUS for submission to the State Department of Education for review and to the United States Office of Education for approval. This proposal is a direct result of a 15-month planning project wherein an extensive study of the needs of students in the Montgomery County Public Schools was made.

Six major studies were conducted by the project staff. Although these studies indicate needs in a number of areas, each places emphasis on the need for early detection and diagnosis of learning problems, and for appropriate intervention services for children who are not succeeding, or whose potential indicates they may be unable to succeed, in the regular school program.

A widespread concern was indicated in reports made during the last ten years by civic groups, county agencies, and school departments for the need for early identification and diagnosis of problems even where this was not the primary area which the reports treated. A total of 14 reports made systematic recommendations for early identification. Among these were the 1962 Report of the Department of Curriculum Development which, in summarizing statements about the school system's most critical needs, listed 22 schools which gave as a priority need the identification of learning disabilities "early in school life,...pre-Kindergarten or earlier." The Superintendent's Advisory Committee on the Exceptional Child in its annual report for 1965-66 urged that "administrators and teachers...be assisted to become more aware of the need for the earliest possible identification and remediation of learning disabilities and encouraged to develop new techniques toward this goal." The Report of the Maryland State Comprehensive Plan for Community Health Services, 1965, emphasized the need for early screening and diagnosis of children, as do the conclusions reached in the Maryland State Comprehensive Mental Retardation Plan, 1966, and in the Montgomery County Public Schools' Pupil Services Report of 1963.

Of reports submitted in support of the 1966 Governor's Commission on the Educational Needs of Handicapped Children, 31 contained material relevant to the needs of Montgomery County children which, when summarized, revealed major recommendations for early identification, diagnosis, and educational planning. Programs at the preschool level for all areas of handicap were advocated, as was the development of systematic, articulated screening programs for early detection of handicapping conditions in preschool children.

A number of the reports to the commission stressed that lack of early diagnosis resulted in unnecessary school failure with accompanying trauma and that far too many children are not identified and do not receive appropriate attention until they have failed two, three, or four times. Several agencies felt that such identification could have been made at the time of school entrance if systematic procedures were applied. Early and comprehensive diagnosis was seen as basic to the development of sound educational programs.

In addition to a review of the testimonies before the Governor's Commission, a survey by questionnaire was made of the agencies providing services to meet the special needs of Montgomery County children. The questionnaire was designed to secure specific recommendations for improved supplementary programs and services. Of 97 agencies making recommendations, 38 reported as a priority the need for early identification and diagnosis of children's problems in physical, social, and cognitive areas and recommended the development of school and training programs at preschool levels. Involvement of parents was seen as concomitant to the identification and diagnostic process.

In another survey of this project, data were analyzed on 1,518 youth between the ages of 4 and 21 whose physical, emotional, and/or social handicaps had precluded placement in regular or special public school programs. From the analysis of the data obtained on these youngsters, particularly those who were identified as being emotionally handicapped, the staff became increasingly aware that had these conditions been treated earlier, chances for adjustment of the children may have been enhanced.

In addition to identification, the need for timely intervention was supported by these data. Of the 163 educable mentally retarded children, ages 4 to 21, in nonpublic school placements, 93 were under 11 years of age. Of 119 neurologically impaired children, 60 were under age 11. Of 246 children with language impairment, 238 (including 206 in Head Start programs) were 5 years old or younger. In the Head Start population, 48 or one out of every ten were reported to have no intelligible speech; and 24 were perceived by their teachers to be incapable of engaging in independent work or play.

Another study was designed to assess the needs of the total student population in the Montgomery County Public Schools. This was done through a survey of a 20 per cent proportional stratified random sample of the students in Kindergarten through Grade 12 and Special Education.

Although frequency of occurrence of a problem area cannot be the sole criterion for its importance, it is a significant dimension. Table 1 shows the frequency of occurrence of major problems for children in Kindergarten.

TABLE 1

Major Need Areas for Kindergarten in Total County

Problem	Total Having Problem		Total Not Receiving Adequate Service
	Number	Percentage	
<u>Kindergarten</u> N=9,632			
Attention Span	1,544	16	471
Following Directions	1,379	14	367
Restlessness	1,216	13	536
Oral Expression	1,038	11	399
Immaturity	1,037	11	429
Speech	980	10	444
Listening Comprehension	972	10	333
Self-conscious	899	9	291
Work Habits	894	9	250
Too Little Participation in Activities	818	8	261
Aggressiveness	721	7	266
Inappropriate Behavior	659	7	260
Too Impulsive	649	7	256

Behaviors such as Listening Comprehension, Following Directions, Restlessness, and Immaturity are, as expected, among the top five need areas in Kindergarten. The problem of Following Directions remains in the top six need areas in Kindergarten through Grade 6. Listening Comprehension continues to be a relatively severe problem in Grades 1-3 and 4-6, where a higher proportion of youngsters in these grades have this problem.

In addition to need areas in behaviors such as Work Habits, Attention Span, and Following Directions, Table 2 also shows a number of other need areas which reflect deficits in the development of skill subjects. For example, Reading Rate, Reading Comprehension, and Written Expression represent problems for at least 21 per cent of all youngsters in Grades 1-3.

TABLE 2

Major Need Areas for Grades 1-3
Total County

Problem	Total Having Problem		Total Not Receiving Adequate Service
	Number	Percentage	
<u>Grades 1-3</u> N=26,597			
Following Directions	7,294	27	2,184
Work Habits	6,840	26	2,112
Attention Span	6,334	24	2,284
Reading Rate	6,187	23	1,954
Reading Comprehension	5,758	22	1,821
Written Expression	5,462	21	2,025
Listening Comprehension	5,064	19	2,035
Arithmetic Reasoning	5,019	19	1,663
Spelling	4,800	18	1,678
Restlessness	4,565	17	2,153
Immaturity	4,533	17	2,029
Arithmetic Computation	4,275	16	1,357
Oral Expression	3,860	15	1,535
Abstract Reasoning	3,962	15	1,907
Daydreams	3,499	13	1,770
Too Little Participation in Activities	3,395	13	1,325
Lack of Alertness	3,276	12	1,878
Speech	3,086	12	1,097
Poor Memory	3,014	11	1,637
Self-conscious	3,009	11	1,290

Table 3 shows major need areas in Grades 4-6.

TABLE 3
Major Need Areas for Grades 4-6
Total County

Problem	Total Having Problem		Total Not Receiving Adequate Service
	Number	Percentage	
<u>Grades 4-6</u> N=25,635			
Written Expression	6,869	27	2,304
Work Habits	6,505	25	2,278
Spelling	6,351	25	1,811
Arithmetic Reasoning	6,315	25	2,026
Reading Comprehension	6,042	24	1,856
Following Directions	6,022	23	1,944
Reading Rate	5,889	23	1,903
Arithmetic Computation	5,796	23	1,682
Attention Span	5,227	20	2,421
Abstract Reasoning	4,376	17	2,057
Listening Comprehension	4,201	16	1,836
Restlessness	3,534	14	1,852
Daydreams	3,329	13	1,841
Too Little Participation in Activities	3,324	13	1,488
Lack of Alertness	3,078	12	1,749
Immaturity	3,073	12	1,677
Oral Expression	2,970	12	1,236
Poor Memory	2,935	11	1,590
Self-conscious	2,904	11	1,344
General Information	2,754	11	1,333

With respect to Written Expression, Reading Comprehension, and Reading Rate, the proportion of youngsters in Grades 4-6 with problems in these areas exceeds that of Grades 1-3. Deficits in Attention Span, Following Directions, Immaturity, and Listening Comprehension continue to be major problems. Such problems if not identified and remedied early in the educational process may result in failure to master the essential tools of learning.

This study yields evidence of widespread needs in the overall school population. When upwards of 20 per cent of all children have needs in basic behavioral and skill areas, and when the proportion of children having these needs in specified areas continues to increase as the child proceeds through the grades, different approaches to the educational process for some children seem indicated. These new approaches will be undertaken in the proposed pilot project in ways that are capable of rigorous evaluation, since what is done about meeting these needs must be done not for selected and labeled populations, but for all children. Because such approaches appear to be required for significantly large numbers of children, these approaches must be developed and applied within the context of the regular school setting.

Recommendation
Number 2

Emotionally
Handicapped
Adolescents

DEVELOP AND INSTITUTE A MULTI-LEVEL, YEAR-ROUND PROGRAM FOR THE EVALUATION, RE-EDUCATION, AND ADJUSTMENT OF EMOTIONALLY HANDICAPPED BOYS AND GIRLS, GRADES 6 THROUGH 12, IN THREE RELATED SETTINGS TO INCLUDE AN ADOLESCENT DEVELOPMENT CENTER FOR THE REHABILITATION OF YOUTH WITH SEVERE PROBLEMS, SPECIAL CLASSES AND SERVICES IN SELECTED SECONDARY SCHOOLS FOR THE LESS SERIOUSLY INVOLVED, AND A PILOT PROGRAM FOR MENTALLY RETARDED ADOLESCENTS WITH EMOTIONAL HANDICAPS IN ANOTHER SETTING. SUCH A MULTI-LEVEL EDUCATIONAL PROGRAM, WHICH INCLUDES TRANSITIONAL PROGRAMS FOR THOSE AWAITING OR RETURNING FROM INSTITUTIONS, MUST BE COORDINATED WITH A SPECTRUM OF RESIDENTIAL SERVICES INCLUDING GROUP OR FOSTER HOMES, A RESIDENTIAL CENTER OR HOSPITALS. PRIMARY RESPONSIBILITIES FOR SUCH RESIDENTIAL SERVICES ARE THE CHARGE OF THE HEALTH, WELFARE, AND JUVENILE SERVICES AGENCIES RATHER THAN OF THE EDUCATIONAL SYSTEM AND SHOULD BE INCLUDED IN CURRENT PLANNING BY THESE AGENCIES FOR A HEALTH AND WELFARE COMPLEX.

Suggested Implementation

The comprehensive center and field program should include:

1. The development of a creative and exploratory educational program to stress the demonstration of remediation in basic skills; effective use of instructional media; vocational evaluation, training, placement, and follow-up; utilization of the work-study method; and physical development and corrective physical education. This program will be extended through Grade 12 by adding a grade level each year.
2. Transitional school placements for those returning from or awaiting placement in correctional or residential settings; supportive foster or group home placements in or near their home communities for those too disturbed to remain at home or having inadequate homes provided by the juvenile court, the welfare department, or the health department; and appropriate case work services.
3. Coordinated and systematic referral, appraisal, placement, and follow-up procedures in center and field operations with provision for flexible placement within various levels of the program regardless of the grade assignment of the child.
4. Specialized medical, psychiatric, and educational diagnosis and treatment; parent counseling; and case work services provided by a center-based team, specialized consultant services, or community agencies.
5. The development of feasible approaches as models for a central information and referral service; a metering service to establish comprehensive lists of the handicapped; coordination of case work services; and a central clearinghouse for best utilization of agency services by focusing on the selected population in conjunction with other community agencies such as Departments of Public Health and Welfare and the Juvenile Court.

6. Staff from local units of the Maryland Division of Vocational Rehabilitation based at the center and liaison with the Montgomery County Office of the Bureau of Employment Security and other appropriate public and private agencies for provision of counseling and training service, for assistance in development of realistic and vital curricula, and for vocational placement and follow-up.
7. An effective recreation and social program, in cooperation with the Montgomery County Department of Recreation, the YMCA, the Rockville Department of Recreation, and other appropriate public and private agencies.
8. Systematic collection, storage, and retrieval of pupil information on selected secondary school populations.
9. Approaches to the problems posed by cultural subgroups whose behavior is often construed as emotional disturbance.
10. Demonstration of pre-service and in-service training of teachers, exploration of roles and training of paraprofessional staff, and updating of skills of specialists and school administrators. Establish liaison with local universities for assistance in these activities.
11. Evaluation of methods, procedures, and prototypes developed during the project.
12. Coordination with existing resources and joint planning to provide for additional residential or hospital facilities¹ by local, regional, and state agencies to support or supplement school programs at the following levels:
 - a. Comprehensive diagnostic-observation-evaluation center for adolescents as outpatients or inpatients several days to several weeks followed by referral to appropriate resources.
 - b. Intensive residential treatment center for the treatment of children with major emotional illness.
 - c. Residential treatment center for longer term care for those not needing or not being able to profit from intensive care.
 - d. Group care home providing for six to eight children usually of the same sex and limited age span, and staffed by professional workers providing tutoring or therapeutic services, with school program being available in the community schools.
 - e. Specialized foster home with supervision by a professional and supported by treatment at local clinics if needed for children too difficult for a regular foster home to handle.

¹Placement and Program Spectrum for Children and Adolescents, a position paper by W. Lewis Holder, November, 1965.

- f. Regular foster home for placement of one or more children who do not require intensive supervision to function in an open society.

Supporting Evidence

Recommendations from community reports and documents express concern for the lack of comprehensive programming for emotionally disturbed children, many placing major emphasis on adolescent needs. "A Proposal for a Pilot Project of a Special Junior High School for Emotionally Handicapped Children"¹ stressed the need for trained staff and for provision of health and case work services for emotionally handicapped adolescents. The Maryland Planning Commission cited "...the critical personnel shortages of services to emotionally disturbed children and adolescents."² The Montgomery County Citizens' Assembly for the Study of Juvenile Delinquency recommended temporary residential treatment for "...emotionally disturbed children, particularly those in their adolescence...."³

In 1963, the Montgomery County Advisory Committee on Special Youth Services recommended that "the Board of Education should establish an experimental day school program for aggressive boys,"⁴ and the Joint Committee on Youth Services emphasized the need for plans and programs for emotionally and socially maladjusted boys as one of the more pressing needs of youth in the county.⁵

In 1965, it was suggested in the Maryland State Comprehensive Plan for Community Mental Health Services that a variety of educational and therapeutic services were needed in school programs for the emotionally handicapped, that school programs were needed in psychiatric institutions, and that a "special boarding school was needed for emotionally disturbed children and adolescents."⁶ The same report also recommended "units for children and adolescents with provisions for full range of psychiatric, diagnostic, treatment, and consultation services should be developed as an integral part of each community mental health program." The report urged the provision of "preventive services which reach out beyond the mental health center program. Early and long-range implementation of a number of preventive services for children and adolescents should include strengthening and modification of existing child-welfare, health, and school programs; better opportunities for vocational education; and the development of additional and new types of preventive mental health services, especially in the urban areas and in large schools...."

¹MCPS. Department of Supervision and Curriculum. Proposal for a Pilot Project of a Special Junior High School for Emotionally Handicapped Children, September 24, 1962. ²Maryland State Planning Commission, Committee on Medical Care. Report on Emotionally Disturbed Children and Adolescents, March, 1963.

³Montgomery County Citizens' Assembly for the Study of Juvenile Delinquency. Report, August 16, 1965, p. 6. ⁴Montgomery County Advisory Committee on Special Youth Services. Report, January, 1963. ⁵Montgomery County Joint Committee on Youth Services. Report, August 30, 1963, p. 10. ⁶Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Plan for Community Mental Health Services, 1965, p. 40.

Several reports stressed the need for residential treatment:

"It is strongly urged that every effort be made at the County and State level to secure adequate residential treatment programs for emotionally disturbed children, particularly those in their adolescence...."¹

"The County Council should take active leadership in working with state officials and departments for the establishment within the county of residential centers for children severely handicapped, either physically or emotionally or because of mental retardation."²

"The development of a residential treatment center for children in Montgomery County to be financed (and administered) by the State or on grant from N.I.H."³

"Forty-two children were in need of and ready for residential treatment that was not available for them."⁴

A number of reports advocated specific educational programs for the emotionally handicapped. In its January, 1963, report, the Montgomery County Advisory Committee on Special Youth Services stated:

"The Committee considers it likely that a similar project /day school for aggressive boys/ may be needed for adolescent girls who have abilities which can be tapped but who cannot manage the usual academic, commercial, or vocational programs in the high schools and who show emotional distress in the usual class setting."

"The Board of Education should establish an experimental day school program for aggressive adolescent boys."

"The Board of Education should study ways of supplementing the regular classroom teacher to enable him better to cope with the disturbed children in his group....that there be creative experimentation with teacher's aides, with special classes, and day programs for children who cannot tolerate full days of school."

"The Board of Education should establish an experimental day work camp for selected adolescents."

¹Montgomery County Citizens' Assembly for the Study of Juvenile Delinquency. Report, August 16, 1965. ²Montgomery County Advisory Committee on Special Youth Services. Report, January, 1963. ³Montgomery County Health Department. Proposed Program for Expansion of Mental Health Services for Children, July, 1963. ⁴Montgomery County Mental Health Joint Committee. Survey of Montgomery County Mental Health Resources, December, 1960.

A concrete suggestion for an adolescent center was made in the 1964-65 report of the Maryland Board of Health and Mental Hygiene:

"Montgomery County needs....a center appropriate for children and adolescents who need help and cannot be maintained in regular school placement while treatment is proceeding."¹

Concern over lack of adequate programs for the emotionally handicapped, again with emphasis on the needs of adolescents, was evident in reports to support testimony before the Governor's Commission on the Educational Needs of Handicapped Children. The 98th Annual Report of the Maryland State Board of Education for 1963-64 was cited as listing 11 classes for emotionally disturbed children with a total enrollment of 135 for the entire State of Maryland. None was available at the senior high school level. Since general enrollment figures for that year show 704,693 children in the public schools, only 19 children per 100,000 were being served in special programs for emotionally disturbed. Lack of proper education was seen as a contributing factor in emotional disturbance and mental illness. Other testimony indicated that services for the emotionally disturbed are generally undeveloped throughout the state,² that the emotionally disturbed youngster rarely has a choice other than institutional placement,³ and that the development of more special classes for the emotionally disturbed child and more special schools using new techniques were urgent.⁴ For many emotionally disturbed children now in state hospitals, it was indicated that a timely and responsive educational program in their local schools might have made the difference in their behavioral and school adjustment and allowed them to remain in their home and community.⁵

Another source recommended multilevel programming for emotionally handicapped children and enumerated three levels:

1. A residential facility for the seriously emotionally disturbed
2. Public school special classes for those who are less severely disturbed and
3. Regular classes for largest number of children who will require the services of psychologists, psychiatric social workers, and outside psychiatric treatment⁶

Other recommendations in testimony before this Commission urged the provision of services for emotionally handicapped children in and out of the regular school setting,⁷ both inpatient and outpatient services to disturbed adolescents, and

¹Maryland Board of Health and Mental Hygiene--Study and Planning Committees. School Section, Maryland Counties, 1964-65, p. 82b. ²Raymond L. Clemmens, Central Evaluation Clinic for Children, University of Maryland School of Medicine. ³Peter J. Valletutti, Director of Special Education, Coppin State College. ⁴Maryland Association for Mental Health. ⁵William Lewis Holder, Coordinator, Children's Services, Maryland Department of Mental Hygiene. ⁶Moryin A. Wirtz, Office of Education, Division of Disadvantaged and Handicapped. ⁷Ruth-Alice Asbed, Chief, Division of Maternal and Child Health, Montgomery County Department of Public Health.

extended treatment over a longer period of time for severely disturbed children than is permitted under the present short term treatment concept.¹ Other needs cited were for emergency psychiatric care, short term residential care, residential facilities for adolescents separate from those for adults, and residential services for adolescent disturbed girls.² Also recommended were additional supervisory positions to improve the educational experience of the emotionally handicapped and to provide for pre-service and in-service training for teachers of the emotionally handicapped.³

Local and regional agencies also expressed concern over lack of adequate programs for these adolescents. In the survey by questionnaire of the community agencies regarding needed programs which the schools should offer, almost 50 recommendations were made for the development of multilevel programs to meet the needs of the emotionally handicapped. These levels included day school programs supported by foster care or group living arrangements for those whose home environment may be detrimental or who need care outside the home, but do not need the therapeutic environment of the hospital.

Another level cited by agencies was the transitional classroom needed for children unable to be maintained in regular classrooms, those excluded from school because of discipline problems, those whose education is interrupted when under supervision of the court, and those who present acute problems such as the epileptic child whose medication is being adjusted.⁴

A third level suggested was small group instruction needed by "children who have been helped to establish inner controls in the residential treatment center" and who reach the termination age of 12 ready to return to the community but who function well below grade level and find "no school programs geared to their needs."⁵

Related to programming were recommendations for the development of adapted physical education programs for emotionally handicapped students,⁶ and for year-round recreation programs.⁷ Also recommended for adolescents returning from institutions was training in vocational and occupational skills.⁸

Other data pointing to needs for programs for the emotionally handicapped adolescent came from a study on children enrolled in the Montgomery County Public Schools in October, 1966. When teachers' perceptions of the needs of children in the Montgomery County Public Schools were surveyed by means of an Inventory of Student Needs, data indicated that in Grades 7-9, 733 were recommended by teachers as needing special education services for the emotionally handicapped. Behavioral problems which interfered with learning were perceived in as high as 10 per cent of the total population of these grades. For example, 1,981 students

¹Robert Costello, Christ Child Institute for Children. ²Ibid. ³William Lewis Holder, Coordinator, Children's Services, Maryland Department of Mental Hygiene. ⁴Washington School of Psychiatry Study Clinic. ⁵Maryland Institute for Children. ⁶Montgomery County Health Department. Children's Physical Developmental Clinic, University of Maryland. ⁷Recreation Department, City of Rockville. ⁸Child Mental Health Services.

in Grades 7-9 were seen as aggressive, 2,496 were exhibiting inappropriate behavior, 2,189 were withdrawn, 1,300 had bizarre behavior, and 1,186 were seen to have antisocial behavior. While these numbers of students are not mutually exclusive, it can be deduced that a comprehensive program for amelioration of problems at this stage might prevent more serious maladjustment later.

Similar data for all children enrolled in special education programs in 1966-67 points to the need for more specific and intensive services for those with a secondary handicap in emotional areas. Of 1,378 pupils enrolled, 379 were seen as being aggressive, of whom 122 were perceived by teachers as not receiving adequate services for this need; 237 exhibited bizarre behavior, of whom 103 were not felt to be receiving adequate services; 484 exhibited inappropriate behavior, of whom 110 were not receiving adequate services; 282 exhibited antisocial behavior, of whom 73 were not seen as receiving adequate services, even though all were already enrolled in specialized programs.

A parallel study of needs of handicapped youth not in public school placements in 1966-67 also was undertaken by the project staff in a Survey of Student Placement. Of 350 boys and girls 12-15 years of age identified in this survey, 101 or 29 per cent had emotional disturbance as a primary handicap; in addition, 45 of the 350 had emotional handicap as a secondary problem. Recommendations for the year 1967-68 by nonpublic school staff having responsibility for these children indicated that 83 of this 12 to 15-year-old group needed a special education program for the emotionally handicapped; 132 needed psychological evaluation, while 76 needed psychiatric evaluation; 57 were seen to need psychotherapy; and 41 families were in need of therapy.

Twenty-seven youth 12-15 years of age were placed in correctional institutions in 1966-67, of whom 16 were recommended to return to public school. Since the average stay in the correctional institution for all those committed is less than a year, this presents a recurring problem which schools must meet. These young people would benefit from returning to public school if an evaluation of their learning problems were made for each individual; if appropriate services of a psychologist, pupil personnel worker, social worker, or officer were given; if transition into the public school program would be adjusted to meet individual needs; and if specific educational prescriptions and support would be given to the classroom teacher upon re-entry of such children into the public schools.

The Home Instruction Program in Montgomery County served 58 youth unable to be maintained in the public school program in 1965-66 because of emotional handicaps. Too often these youth are put out of the regular school program because of behavioral problems and have no placement other than the Home Instruction Program. While this eliminates undesirable behavior from the classroom, it is not a solution to the adjustment problems of the individual. If a center existed for diagnosis and remediation of educational and management problems of young people who cannot be maintained in the classroom because of their emotional difficulties, a real attack on this problem area could be made.

Recommendation
Number 3

Staff
Development

INSTITUTE PROGRAMS FOR DEVELOPING THE EFFECTIVENESS OF TEACHING, SUPERVISORY, AND SPECIALIST PERSONNEL IN IDENTIFYING AND MEETING THE SPECIAL NEEDS OF CHILDREN; FOR INCREASING AND AUGMENTING TEACHING AND SPECIALIST STAFF IN RESPONSE TO THE INCREASED NEED FOR SPECIALIZED SERVICES; AND FOR TRAINING AND UTILIZING PARA-PROFESSIONAL STAFF.

Suggested Implementation

The implementation of such pilot programs would include:

1. The assignment of a specialist to the Department of Staff Development who would, in coordination with special education, pupil services, school health services, and the programs under federal and state grants, plan and develop comprehensive in-service training sequences for teachers, supervisors, specialists, administrators, and paraprofessionals who work with children in need of special attention.
2. The consideration of increased staff for elementary school counseling, social work services, psychiatric consultation, and psychological services.
3. The development and definition of the roles of paraprofessionals, the training of paraprofessionals to carry out specific functions, and the training of professionals in the effective utilization of paraprofessional staff.
4. Increasing the sensitivity of teachers and other staff to the behaviors of children which serve as indicators of problem areas, including differences in the frequency of perceived problems in boys and girls.
5. Provision of an educational specialist based in a resource room in selected elementary schools to supplement the work of the classroom teacher in meeting children's specialized needs and to enable such children to continue successfully in the regular classroom setting.
6. Systematic application of new staffing patterns in the secondary schools by use of paraprofessional personnel to release teachers for maximum use of their time for instruction.
7. Updating and enhancing the skills of administrative, supervisory, and specialist personnel working in the education of exceptional children to improve the quality and function of leadership and to provide better specialized services.
8. Exploration of more flexible certification requirements for the special teacher to encourage the development of a variety of techniques and methods capable of being more broadly applied to a range of handicapping conditions rather than basing certification on methodology for a single category of handicap.

9. Exploration of financial subsidies to teachers to encourage them to prepare for careers in the education of children with special needs.
10. Cooperation between local and regional education departments and the teacher training institutions to develop more effective preservice and in-service training for teachers and for recruitment of such personnel.

Supporting Evidence

Considerable evidence supporting the need for a major effort in developing staff resources for children with special problems was found in four project studies. In three studies, a total of 253 recommendations indicate that further concentrated effort is needed in the development of staff resources through in-service training, paraprofessionals, expanding specialist consultation, sharpening skills of administrative, supervisory, and specialist personnel, more flexible certification, and financial subsidies for advanced training. A fourth study indicated that many teachers responded that they did not know whether a particular child with whom they worked had a problem listed on the questionnaire.

When gathering and interpreting the data from the teacher perception study, the Inventory of Student Needs, it was discovered that an unusually high number of student problems and related services were responded to as "Don't Know" by teachers completing the inventory. The percentages of "Don't Know" responses increased with grade level. For example, Arithmetic Reasoning was answered with "Don't Know" for only 6 per cent of the students in Grades 4-6, but 62 per cent in Grades 7-9. Reading Comprehension was answered "Don't Know" for only 3 per cent in Grades 4-6, but 37 per cent in Grades 7-9. The incidence of "Don't Know" responses suggests that a pilot study is needed to identify the factors involved in teachers' perceiving the existence of subtle learning and other student problems.

In-service Training

Recommendations in several reports and documents indicated that classroom teachers should be trained during employment in a variety of skills related to identifying, instructing, and managing children with learning problems.

As one of the necessary conditions of effective in-service training, released time was recommended in the 1966 Annual Report of the Department of Staff Development. The Department of Special Education in its annual report, 1962, suggested that in-service training be conducted on regularly scheduled days during which teachers would not have classroom responsibilities by "scheduling the minimum numbers of days with children present and using other days for in-service education."¹

The documentary literature indicated that in-service training should be aimed at improving teacher competency to understand and work with children whose development patterns require special attention. Among the recommendations for training in specific skills was "A program of in-service training for kindergarten and

¹ MCPS. Special Education: Annual Report of Special Education Programs, September, 1961, to September, 1962, p.18.

primary grades teachers aimed at the early identification of pupils whose behavior or responsiveness to instruction suggests future serious learning disability."¹ Other skills were emphasized. The Superintendent's Advisory Committee on Student Personnel Services recommended that "The Office of Staff Development, in collaboration with the several divisions of the Department of Pupil Services, should establish specific programs for in-service training directed toward the development of understanding and techniques in areas of guidance and counseling for all elementary teachers."² A report from the Elementary Catch-up Program in 1963 recommended in-service training for teachers of "emotionally disturbed children with learning blocks."³

An analysis of testimony made to the Governor's Commission to Study the Educational Needs of Handicapped Children and of recommendations made by community agencies in response to a questionnaire indicated considerable concern about staff training. For example, in the area of teacher training, specific recommendations were made by the agencies for increasing teachers' sensitivity to the mental health needs of children⁴ and to the needs of children whose problems indicate need for remediation or who show indications of difficulties in later years.^{5 & 6} Also recommendations were made to provide "sensitivity training in interpersonal relations,"⁷ in basic principles of therapy,⁸ and in understanding problems of youth.⁹ Teachers need help in identifying and meeting the special learning problems of children.^{10 & 11}

Recommendations for in-service training of teachers include techniques for developing understandings of special needs through staff meetings which draw upon the outstanding health, scientific, educational, and government resources in this area.¹² Schedules should allow for teacher visits to agencies or to staffing conferences on children in the diagnostic facilities.^{13 & 14}

More liberalized leave programs for classroom teachers to pursue further work in their fields or related fields,¹⁵ subsidies to pursue special training,¹⁶ in-service training funds similar to those in industry and government,¹⁷ and incentives for teachers of the handicapped¹⁸ also are among the recommendations for developing qualified staff.

¹MCPS. Pupil Services. Office of Educational Diagnostic Services. Annual Report, 1963-64. ²MCPS. Office of the Superintendent. Advisory Committee on Student Personnel Services. Annual Report, June 7, 1963. ³MCPS. Office of the Superintendent. A Special Report on the Elementary Catch-up Program of the Montgomery County Public Schools, March, 1963, p. 7. ⁴Montgomery County Health Department, Division of Disease Control, Tuberculosis Control Program. ⁵University of Maryland, Speech and Hearing Clinics. ⁶Community Psychiatric Clinic. ⁷Maryland Children's Center. ⁸Washington School of Psychiatry Study Clinic. ⁹Montgomery County Mental Health Association. ¹⁰Overbrook Children's Center. ¹¹Association for Children with Specific Learning Disabilities. ¹²D.C. Society for Crippled Children. ¹³St. Maurice Day School. ¹⁴Montgomery County Health Department. ¹⁵Jean R. Hebeler, Coordinator of Special Education, University of Maryland. ¹⁶John Naler and Idabelle Riblet, Montgomery County Association for Retarded Children. ¹⁷Kathryn S. Power, President, Montgomery County Association for Language Handicapped Children. ¹⁸Maryland Association for Mental Health.

Paraprofessionals

Recommendations in several documents and reports suggested that paraprofessionals are needed to provide assistance for teachers who work with children who need special attention. The consistent rationale in the reports was that paraprofessionals will release teachers from clerical or housekeeping chores. Thus, the teacher would have more time for guidance, diagnostic, and instructional functions. For example, the Montgomery County Curriculum Study Committee recommended in 1961 "that a new staffing pattern for secondary schools be established by the use of various types of teaching and non-instructional clerical and administrative aides to achieve maximum utilization of the teachers' time and talents for instructional purposes."¹

The Montgomery County Advisory Committee on Special Youth Services recommended "that all agencies of the County give careful attention to new and creative ways of making the maximum use of 'skilled amateurs.'"² Further, the advisory committee recommended that the Board of Education assume responsibility for exploring ways of helping the classroom teacher cope with difficult children through the use of aides.

Recommendations for aides included the delineation of tasks to be performed. The Montgomery County Curriculum Study Committee in the 1961 report suggested "that school activities and responsibility be delineated between (1) those which are of instructional or educational nature and (2) those which are primarily of a 'housekeeping,' service, or clerical nature. This delineation of school activities would serve as a basis for the assignment of responsibilities to various types of specialists established under a new staffing pattern...."³

The training of paraprofessionals, based on the task definition suggested above, is an important responsibility of the several agencies dealing with difficult problems of children. Concern for defining roles and training of paraprofessional staff was found in recommendations made before the Governor's Commission previously cited. Mr. John Naler of the Montgomery County Association for Retarded Children suggested the need for aide training and utilization to enable the teacher of handicapped children to spread his specialized skills among more children.

Augment Specialized Staff

The consideration of increased specialized staff was evident in major community reports such as the Maryland Comprehensive Plan for Community Mental Health Services, Suburban Area Study Group Final Report on Rapid Learners, Montgomery County Curriculum Study Committee, Survey of Montgomery County Mental Health Resources, the Montgomery County Citizens' Assembly for the Study of Juvenile Delinquency, and others. A total of 82 recommendations from reports and agencies

¹MCPS. Department of Supervision and Curriculum. Montgomery County Curriculum Study Committee. Final Report, Volume II, August, 1961, p.562. ²Montgomery County Advisory Committee on Special Youth Services. Report, January, 1963, p.5. ³Montgomery County Curriculum Study Committee. Report, 1961, p. 562.

pointed to an apparent critical shortage.

A Maryland Board of Health and Mental Hygiene report in 1965 stated that "an extension of psychiatric consultation services to assure the coverage in all schools through the services of the Health Department would be indicated as a result of the demonstrated value already shown in the limited program to date."¹

The Superintendent's Advisory Committee on the Exceptional Child in 1966 recommended that "the services of consultants such as reading specialists, psychologists, speech and hearing therapists, pupil personnel workers, and educational diagnosticians be made more broadly and more readily available to individual schools and to the classroom teacher."² The annual report from the Special Education Office in 1962 also emphasized the need for direct consultative help to teachers and principals. In addition, the recent Maryland Board of Health and Mental Hygiene state-wide study and plan for mental health services emphasized the need for local specialized services as preventive measures. Such services should "include improved psychiatric and psychological consultation services in schools...."³

In addition, elementary school counseling services were recommended in 12 separate reports. Beginning with the Suburban Area Study Group in 1958,⁴ several major community reports have cited the need for elementary counseling.

The Montgomery County Curriculum Study Committee repeated the need for "a special staff (at the elementary level) whose members would be available when problems arose to help assess the individual behavior of the child and his learning situation objectively. The members of the staff would be available for counseling and for individual or group teacher discussions, for suggesting pupil placements, or for helping to determine referrals to the diagnostic clinic."⁵

In 1963 the Superintendent's Advisory Committee on Student Personnel Services recommended that "as rapidly as possible, budgetary provision should be made for a non-teaching staff member in every elementary school qualified to do individual counseling and to serve as a consultant and counselor to teachers in the total guidance program."⁶

¹Maryland Board of Health and Mental Hygiene - Study and Planning Committees. School Section, Maryland Counties, 1964-65, p. 826. ²Office of the Superintendent. Advisory Committee on the Exceptional Child. Annual Report, 1965-66, p. 3.
³Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Plan for Community Mental Health Services, 1965, p. 6. ⁴Suburban Area Study Group. Final Report of the Committee on Curriculum Needs of Rapid Learners, 1958.
⁵MCPS. Department of Supervision and Curriculum. Montgomery County Curriculum Study Committee. Final Report, Volume II, August, 1961, p. 501. ⁶MCPS. Office of the Superintendent. Advisory Committee on Student Personnel Services. Annual Report, June 7, 1963.

Another report to the superintendent in 1963, specifically prepared to study the need for elementary counselors, made numerous recommendations to include elementary counseling as a "part of a comprehensive guidance program."¹ Other reports recommending elementary counselors include those from the State Department of Education, Montgomery County Mental Health Joint Committee, Maryland Governor's Conference on School Dropouts, Montgomery County Citizens' Assembly on Juvenile Delinquency, and Advisory Committee on Special Youth Services.

The need for additional school psychologists also received considerable attention in seven major community reports. The Suburban Area Study Group stated the need for additional psychologists in a report in 1958 and again in 1960. "The shortage of psychologists is such that delays of from six months to a year or more are common between the act of referral and the completed psychological evaluation."²

The pupil services annual report of 1964 also expressed a concern for the shortage of psychologists as did testimony before the Governor's Commission.

The Annual Report of the Department of Special Education recommended still another kind of specialist:

"Educators who are versed not only in identifying educational needs but who can also give help to the teachers in meeting these needs should be made available as consultants to the regular classroom teacher at every level and to staff resource rooms in every school so that children can receive help needed to continue successfully in the regular classroom setting."³

The need for specialized consultation for the classroom teacher was supported by testimony before the Governor's Commission. "In addition, more educational, medical, and paramedical personnel are needed to help diagnose reasons for failure so that more appropriate programs could be planned."⁴

To help avoid inappropriate placements, health consultation should be available at all points and to all educational personnel involved in the diagnostic and placement process and in the planning and provision of certain paramedical services rendered as part of the educational program such as physiotherapy, occupational therapy, and those psychological services which involve therapy. Health consultation should be available to and utilized by special education directors for home instruction programs, health room planning, services for low trainables, services for emotionally disturbed, and programs for children with communicative disorders.⁵

¹MCPS. Office of the Superintendent. Report on Elementary School Guidance and Counseling Programs, April, 1963. ²Suburban Area Study Group. Preliminary Report on the Study of School Guidance and Counseling, May 10, 1960, p. 5. ³MCPS. Office of the Superintendent. Special Education. Report, 1964-66, p. 19. ⁴Wretha Petersen, Maryland State Federation of the Council for Exceptional Children. ⁵Ruth-Alice Asbed, Chief, Division of Maternal and Child Health, Montgomery County Department of Public Health.

Certification Requirements

Recommendations from agencies and reports suggest that certification requirements for the special teacher, particularly of the multiple handicapped, should be more flexible and better balanced with actual course offerings. "At the present time, teacher training certification and reimbursement standards are geared around the traditional concepts of mental retardation, deaf, and the like. These are not the most useful concepts for dealing with educational problems." ¹

The Governor's Commission was among the major community study groups suggesting the need for financial incentives for teachers of children with special needs. The Departments of Pupil Services and Special Education made such recommendations as early as 1961. The Department of Pupil Services cited the need for "providing stipends for teachers to study at special education centers during the summer and internships for teachers to engage in concentrated training for the academic year." ²

Administrative and Supervisory Staff

A final area of staff development in which considerable salient evidence was assembled is the need for updating and enhancing skills of administrative, supervisory, and specialist personnel. The teacher-training institutions are concerned with the need for quality leadership in the development of programs for the handicapped. The State Federation of the Council for Exceptional Children recommended improvement of the quality and function of leadership by providing funds for bringing up-to-date the education of administrators, supervisors, and teachers already in the field and by selecting supervisors and administrators who are specialists in whatever area each is assigned.

Specialized, highly trained personnel with a broad range of skills in educational, diagnostic, and therapeutic fields are needed to work with teachers and other professionals involved in the education and training of the handicapped child:

"The diagnosis of a child's problem is an extremely complicated process requiring the combined efforts of educators, psychologists, physicians, social workers, nurses, and anyone else who has knowledge about the child or his problems or the resources available." ³

Principals and other educators who are in supervisory positions need to improve "interdisciplinary communication and understanding" in order to act as effective team members in the planning and management of programs for handicapped children. Courses should be set up like one currently being given at the Johns Hopkins School of Hygiene, which includes both educators and health personnel.

¹Morvin A. Wirtz, Office of Education, Division of Disadvantaged and Handicapped.

²Department of Pupil Services, Children with Learning Disabilities, Diagnostic Teaching, p. 39. ³Morvin A. Wirtz, Office of Education, Division of Disadvantaged and Handicapped.

"With appropriate planning, such courses could be offered through state universities and teachers' colleges."¹

The skills of specialists working in programs for the handicapped can be enhanced by the use of consultants. Sponsoring seminars and meetings for educators, optometrists, psychologists, ophthalmologists, and other professional personnel is recommended to promote better interprofessional personnel team work and increase knowledge in the visual care of the handicapped.²

¹Ruth-Alice Asbed, Chief, Division of Maternal and Child Health Services, Montgomery County Department of Public Health. ²Morton Davis, Maryland Optometric Association.

Recommendation
Number 4

Coordination

DEVELOP A PERMANENT NEW UNIT OF THE COUNTY GOVERNMENT FOR THE COORDINATION OF SERVICES PERFORMED BY SCHOOL AND OTHER AGENCIES FOR CHILDREN WITH SPECIAL NEEDS, FOR THE MAINTENANCE OF A CENTRAL REGISTER OF SUCH CHILDREN FROM BIRTH THROUGH AGE 21, AND FOR THE DEVELOPMENT OF A CENTRAL INFORMATION AND REFERRAL SERVICE WHICH WOULD INCLUDE A CLEARINGHOUSE OF COMMUNITY RESOURCES AND FURNISH INFORMATION AND GUIDANCE FOR PARENTS OF CHILDREN WITH SPECIAL NEEDS.

Suggested Implementation

This unit should have the following responsibilities:

1. Maintenance of a comprehensive central register of children from birth to 21 who need or seem to be likely to need any form of special service. Provision must be made for keeping such an index current, maintaining confidentiality, and making data accessible to appropriate school and agency personnel for the continuity and coordination of service to individual children. The schools, health department, and other agencies such as juvenile court, welfare department, family service, mental health agencies, and professionals in private practice should cooperate in developing and maintaining such a register.
2. Coordination of special services performed for children by school and other community agencies in order to follow through on case findings with sound educational planning to increase the effectiveness of both educational and treatment programs by sharing information, to plan for other needed school and agency services, and for the efficient utilization of existing services by avoiding duplication.
3. Establishing and maintaining a central clearinghouse to store information on community services which would include a central information and referral service, a current comprehensive directory of community resources, and an accurate and current index of vacancies in public and private schools serving special needs, and to provide such information to community agencies and departments in the school system which carry primary responsibility for services to children and parents. Related functions, in collaboration with other agencies and departments, would be to furnish information to parents concerning local and regional programs for handicapped children, to provide referral for early and continuous guidance to parents in the management and planning for their handicapped children, and to stimulate public awareness and acceptance of handicapping conditions.
4. Coordination of community efforts to design a master plan for the development and continuous review of effective special programs on local and regional levels to meet the special needs of all children in the area and to promote interagency planning for expanding services, refining procedures, and training staff.

Supporting Evidence

The necessity for identifying and coordinating available community resources to meet special needs was strongly expressed in recommendations from community agencies, local and state reports, and testimony before the Governor's Commission to Study the Educational Needs of Handicapped Children. A total of 145 recommendations from these three sources support the need for exploration of ways to coordinate school and community services.

Comprehensive Central Register

The community's lack of a metering service to provide case information and a census of handicapped children was salient by its repetition. Case management often is handicapped by a lack of pooled information about children who have been the responsibility of several agencies. Among the major study groups recommending such a metering service was the Advisory Committee on Special Youth Services which urged development of a system responsible for "reporting not only the number of children in diagnostic facilities and the number receiving treatment through public and private facilities, but also all possible information about the number of 'vulnerable' children: those in early stages of difficulty, those facing crises for which help may be needed, and those with defined problems who are not yet receiving help from any agency."¹

The Montgomery County Curriculum Study Committee² in 1961 cited the lack of comprehensive information about children as a limitation to providing services for children with special problems as did the Governor's Commission to Study the Educational Needs of Handicapped Children in Maryland which recommended regional metering systems. Such systems would pool comprehensive information about children and youth for the use of local education and mental health personnel through "the establishment of a regional, centralized filing system on handicapped children which would make all pertinent data available to the State and local personnel in the fields of public health, mental hygiene, public welfare, vocational rehabilitation, education, juvenile services, etc."³

The Joint Committee on Youth Services recommended in 1963 that the Board of Education, assisted by the Health Department and other appropriate agencies, assume responsibility for a metering service. This recommendation was based on the

¹MCPS. Department of Supervision and Curriculum. Montgomery County Curriculum Study Committee. Final Report, Volume II, August, 1961, p.663. ²Maryland Governor's Commission to Study the Education Needs of Handicapped Children in Maryland. Report, November, 1966, pp.27-28. ³Montgomery County Advisory Committee on Special Youth Services. Report, January, 1963.

premise that "the Board of Education is charged by law with the responsibility of education for all children of school age whether in school or not, and it does have the machinery for obtaining and processing these records."¹

Coordinated Planning

Another major area of concern expressed by those testifying before the Governor's Commission was the need for more effective coordination of planning of community services and programs. Analysis of reports supporting testimony suggested that the development of effective special programs depends on comprehensive and coordinated planning beyond the local level.

"An officially sanctioned body of experts should begin to work toward a set of agreed upon provisions and activities, a master plan, so to speak."²

"Local health and education services cannot grow independently. Nurture, coordination, consultation, and counseling must originate centrally and on a statewide basis through an enlightened staff whose field exposure and awareness of local affairs and problems leads them to realistic ideas and actions."³

"To advance educational programs for children and youth with special needs, we need continuous multiagency long range planning at both state and local levels. Effective coordination that will withstand the problems of staff and organizational changes must be programmed on a legislative basis."

"One outcome of coordinated planning could be the development of regional programs where the number of pupils in one local area is insufficient to develop a strong sequential program."⁴

"Local and state agencies which provide supportive diagnostic and therapeutic services need interagency coordination and coordination with the schools receiving such services in order to plan for greater effectiveness of present services,⁵ to achieve best utilization of personnel,⁶ and to follow through on diagnosis and case finding with sound educational planning."⁷

¹Montgomery County Joint Committee on Youth Services. Report, August 30, 1963, p.1. ²Maryland Association for Mental Health. ³Edward W. Hopkins, Bureau of Preventive Medical Services, Maryland State Department of Health. ⁴William R. Porter, Director, Office for Planning a Supplementary Education Center, Montgomery County Public Schools. ⁵Benjamin D. White and Ella S. Beattie, Maryland State Department of Health, Division of Community Services for the Mentally Retarded. ⁶William R. Porter, Director, Office for Planning a Supplementary Education Center, Montgomery County Public Schools. ⁷Ruth-Alice Asbed, Chief, Division of Maternal and Child Health Services, Montgomery County Health Department.

"Considerable progress has been made in establishing a liaison between our hospitals and the local schools both in preadmission planning and following discharge of the patient. This helps in providing a continuity of the child's educational program and provides for the sharing of information and experience between the hospital and community school. Hopefully, there can be an increasing closeness in communication and professional collaboration between the hospital schools and the local school districts which they serve."¹

Diagnostic and evaluative services should include a two-way channel through which the services of one agency can be related to, and coordinated with, those of other agencies. The diagnostic and evaluative plans for a preschool child, served by a local health agency, must be articulated with educational planning.

"This kind of agency coordination will prevent cases from getting lost in transit and, therefore, being unknown to schools until after programs have been formed. Moreover, through this channel public school children in need of a comprehensive evaluation can be made known to agencies providing such services."²

Interagency Coordination

Closely related to the area of coordinated planning is the concern evidenced by the Governor's Commission and many community agencies regarding interagency coordination to "stretch" availability and effectiveness of existing services.

Interagency coordination can result in better placement of children; in comprehensive approaches to the child's mental, physical, and educational problems;³ and in determining a child's best level of program by team consideration involving the parent as a member.⁴

Closely allied to the process of early identification and case finding is the establishment of a case register for the handicapped.

¹William Lewis Holder, Coordinator, Children's Services, Maryland Department of Mental Hygiene. ²Lewis Armistead, Maryland State Department of Health, Division of Community Services for the Mentally Retarded. ³Ruth-Alice Asbed, Chief, Division of Maternal and Child Health Services, Montgomery County Department of Public Health. ⁴William R. Porter, Director, Office for Planning a Supplementary Education Center, Montgomery County Public Schools.

"Each school system in the state should be encouraged to maintain an up-to-date census of children with handicapping conditions. This should include the physically handicapped (cerebral palsy, orthopedic, cardiac), the mentally retarded (educable and trainable), emotionally disturbed, speech and language disorders, and reading disabilities."¹

In a survey by questionnaire of community agencies, interagency coordination is specifically detailed in 37 recommendations by 22 separate agencies "in order to develop increased efficiency of communication and procedures for providing services" and for mutual planning to improve services.² Some form of coordinating council is advocated to keep all agencies informed of program development³ to avoid "inter-disciplinary disputes which are a stumbling block to total service,"⁴ to utilize existing services and avoid duplication, and to promote interagency planning and consultation.⁵ The reactivation of the former Inter-agency Council to assist in coordinating services was recommended.⁶

A less centralized level of coordination is inherent in recommendations for improved cooperation between the county health department and community mental health agencies;⁷ in periodic full-day workshops for school, welfare board, court, and health department personnel;⁸ in planned periodic orientation of the staffs of pupil personnel, juvenile court, welfare board, and health department concerning each other's services;⁹ in assigning more nearly parallel levels of responsibility for testimony in juvenile court to schools and welfare board,¹⁰ and in conferences and meetings to discuss needs and programs.¹¹

More informal communication and contact is advocated by one agency,¹² and other agencies see coordination more easily achieved through the assignment of a staff member to act as liaison person to a given agency¹³ or a "Handicapped Representative to counsel handicapped persons about to enter the work force."¹⁴ A broader role is envisioned for a liaison person on a consultant level who would act as the staff liaison officer between schools and all community agencies.¹⁵

Coordination also occurs when the public health nurse, acting as liaison between health department services and school services, helps identify health factors and mobilize health services.¹⁶ She can work with pupil personnel to avoid duplication or parallel work if referral of school problems is made simultaneously to both.¹⁷

¹Raymond L. Clemmens, Central Evaluation Clinic for Children, University of Maryland School of Medicine. ²Washington School of Psychiatry Study Clinic.

³Montgomery Workshop. ⁴Columbia Lighthouse for the Blind. ⁵Ibid.

⁶Recreation Department, Montgomery County. ⁷Ibid. ⁸Montgomery County Welfare Board. ⁹Ibid. ¹⁰Ibid. ¹¹Maryland Institute for Children.

¹²Thomas J. S. Waxter Children's Center. ¹³Bureau of Mental Health Services, Adult Division. ¹⁴Maryland State Department of Employment Security.

¹⁵Children's Diagnostic and Development Center, Georgetown University Medical Center. ¹⁶Montgomery County Health Department. ¹⁷Ibid.

Other health functions such as a unified vision screening program with standardized referral and follow-up procedures can be achieved through communication between health and education personnel.¹ Interdepartmental conferences can serve to coordinate identification, case finding, and the working out of practical solutions in management of health and education problems.²

Coordination can be achieved through open meetings held for all schools and agencies concerned with placement of children in special programs or needing to receive special services. Such meetings could be held with the pupil services staff^{3, 4 & 5} or with agency staff able to supply information about diagnostic and therapeutic facilities.^{6 & 7} Workshops could be held to acquaint schools and diagnostic facilities about each other's organization and functioning.⁸ Workshops can be held for the purpose of describing public school organization and policies.⁹ School system directories could be made available to county agencies to serve the latter purpose.¹⁰

A parent/professional association asks for a "massive public education program in collaboration with public and voluntary agencies" to coordinate school and agency services,¹¹ to acquaint parents with summer programs at the Maryland School for the Blind, and to provide liaison between public schools and state facility to enrich the offerings to handicapped children.¹² Schools are asked to help reach people newly eligible for the Talking Book Services and to distribute material "to inform of meetings, legislation, new resources."¹³ Coordination is needed between schools and local government agencies supplying job placement services to share in the newly organized Metropolitan Washington Job Council and to improve services to dropouts by earlier referral.¹⁴

Clearing House of Information

Considerable need was shown for a clearing house of information. Such an information service was seen to be critically needed to provide parents and professionals with information regarding community services and facilities.

Among the many agencies recommending the need for clearing house information about community services was the READY Center. Overbrook Children's Center and others suggested that clearing house information about facilities was needed by parents, doctors, and clinics. There is need for a readily available information and referral center to function as a "clearing house for information and to stimulate and coordinate the interaction of various community agents or energies."¹⁵

¹Montgomery County Health Department. ²Ibid. ³Jewish Foundation for Retarded Children. ⁴Pilot School for the Blind. ⁵Cerebral Palsy Center. ⁶Christ Church Child Center. ⁷Op. Cit. ⁸Child Psychiatry Clinic, Walter Reed General Hospital. ⁹Cooperative Extension Service, University of Maryland. ¹⁰Ibid. ¹¹Maryland Association for Visually Handicapped. ¹²Ibid. ¹³Ibid. ¹⁴Maryland State Department of Employment Security. ¹⁵READY Center.

It should "perform the functions now performed by many private and public facilities.¹ It should serve as a central source of information on facilities to parents,² & ³ doctors, clinics, and educators.⁴ This "central depot should be advertised in the Yellow Pages with bold type equal to that of hospitals and other public services.⁵ Its membership should include "representatives of the local school system," and it should serve as a clearing house for referral of all children needing special services.^{6, 7 & 8} In effect, it "should be a Central Register of Handicapped."⁹ Diagnostic and treatment centers and special schools could notify the central agency of openings or waiting periods in any area facility.¹⁰

Several major community reports recommended a central information service. The Health and Welfare Councils of Montgomery County and Prince George's County sponsored the Conference on Handicapped Children in 1960 which expressed a widely held concern about the need for families to have accessible information:

"We are frustrated, as are the families themselves, by the lack of a central clearing house where both those needing services and a listing of existing services could be registered to reflect the current picture. In all this confusion, it is no wonder that frequently families have not the slightest notion where to turn for a specific service."

The Montgomery County Advisory Committee on Special Youth Services also urged the development of a clearing house through the Youth Commission, "so that all within the County -- parents, professional workers in private practice, voluntary agencies, official units of government -- can know one sure source for identifying the resources available for helping handicapped youngsters."¹¹

The Maryland State Conference of Social Welfare recommended in 1961 that "there should be an information center where anyone can learn what services are available for the mentally disturbed...."¹² The D. C. Council on Rehabilitation in its major study in 1960 also found that the metropolitan area was in need of a central clearing house. The Council reported that "the agencies surveyed and the physicians responding to the questionnaire stressed the need for an easily accessible central source of up-to-date information about rehabilitation services in the Washington Metropolitan Area...."¹³

¹Cylburn Children's Home. ²Green Acres School. ³Overbrook Children's Center.
⁴Holly Hall School. ⁵Ibid. ⁶Op. Cit. ⁷Child Center, Catholic University of America.
⁸Op. Cit. ⁹Montgomery Health and Welfare Council. ¹⁰Overbrook Children's Center.
¹¹Montgomery County Advisory Committee on Special Youth Services. Report, January, 1963. p.4. ¹²Maryland State Conference of Social Welfare. Action for Mental Health, 1961, p.2. ¹³D. C. Council on Rehabilitation, et. al. Report, Part One: Rehabilitation and Part Two: Physician Survey, January, 1960, p. xv.

Public Information Program

The need of families for information was seen to extend beyond the clearing house concept by a number of study groups. A frequently mentioned need was a public information program. Concern was expressed that mental health programs to educate the public need to be extended and adequately coordinated. The Montgomery County Joint Committee on Youth Services recommended that the Health Department continue its role in promoting and extending mental health programs in the county.¹ This recommendation was reinforced by the Maryland State Comprehensive Plan for Community Mental Health Services which recommended that "in counties the local health officer should continue as administrator of the mental health program in his subdivision."²

Various public information programs were perceived as needing attention. Recommendations from several reports and documents implied the need for programs aimed at community acceptance of mental problems. The Maryland State Comprehensive Plan for Community Mental Health Services in 1965 recommended, "measures to improve understanding and support of mental health services by the community. Emphasis should be placed on the need for changes in attitude and sympathetic tolerance by the community when patients with mental and emotional disorders are treated near their home."³

Prior to the state planning report, the Maryland Conference on Social Welfare recommended that "in each county there should be conducted a sustained public educational program emphasizing chiefly the facts that mental illness is not a disgrace but a disease...."⁴

The documents and reports indicated that programs are needed to prepare the community for acceptance of mentally retarded youngsters. The Maryland State Comprehensive Mental Retardation Plan recommended that "social work services are needed to provide basic liaison with the community and to enhance the possibility of early placement (for mentally retarded)."⁵ The State Department of Health in an official report covering the period from July 1, 1964, to June 30, 1966, recommended that action was needed to "develop a comprehensive program to promote public awareness and understanding of mental retardation."⁶

¹Montgomery County Joint Committee on Youth Services. Report, August 30, 1963, p. 8. ²Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Plan for Community Mental Health Services, 1965, p. 9. ³Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Plan for Community Mental Health Services, 1965, p. 8. ⁴Maryland State Conference of Social Welfare. Action for Mental Health, 1961. ⁵Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Mental Retardation Plan, 1966, p. 24. ⁶Maryland State Department of Health. State Public Health Plan, Chapter 8, Mental Retardation, July 1, 1964, to June 30, 1966, p. 6.

Related also to the concern about mental retardation were recommendations suggesting specific programs to promote improvements in prenatal and infant care. Both the Comprehensive Plan for Mental Health Services and the Comprehensive Plan for Mental Retardation included such recommendations. "Prenatal and infant care need to be increased; a public campaign should be undertaken to increase the use of existing health clinics."¹

Among the techniques for promoting public information programs was the idea of parent study groups. As early as 1956 the "Constable Report" recommended that "the State Department of Education encourage the formation of parents' groups for the parents of mentally handicapped children."² Other reports from the Department of Special Education³ and the Maryland studies⁴ of mental health services and mental retardation recommended that parent study groups be organized to combine preventive and therapeutic features and to involve parents effectively in the rehabilitation processes.

Many agencies recommended a variety of parent information and educational activities. Such recommendations range on a continuum of family services from a directory of community services to intensive parent counseling. The latter is supported by much evidence and is discussed in Recommendation Number 7 of this report. The agencies recommended that information might be effectively disseminated through evening seminars for parents⁵ or in small discussion groups sponsored by the PTA and with consultation and leadership training from mental health agencies.⁶ Classes could be held for parents of children whose nutritional problems affect school performance.⁷ The correctional schools feel that parents of "problem children" need more psychological services to help them cope with problems⁸ and to strengthen the situations in which the children live.⁹

The "most urgently needed resource" in interagency activities is "an up-to-date directory of services."^{10, 11 & 12} Parents and nonpublic schools need the help

¹Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Mental Retardation Plan, 1966, p. 17. ²Maryland Department of Education. Special Education of Atypical Children in Maryland, 1956, p. 52. ³MCPS. Special Education. Annual Report of Special Education Programs, September, 1961, to September, 1962. ⁴Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Plan for Community Mental Health Services, 1965; Maryland State Board of Health and Mental Hygiene, Maryland State Comprehensive Mental Retardation Plan, 1966. ⁵Hillcrest Children's Center. ⁶Bureau of Mental Health Services, Adult Division. ⁷Montgomery County Tuberculosis and Heart Association. ⁸Thomas J. S. Waxter Children's Center. ⁹Maryland Training School for Boys. ¹⁰Maryland Association for Visually Handicapped. ¹¹St. Maurice Day School. ¹²Montgomery County Mental Health Association.

of a "comprehensive list of programs and services to be used for referrals."¹
"A public school directory with titles, addresses, and phone numbers should be made available to county agencies."² Those in social work in many different settings need a "central directory of agencies."³ PTA's need a directory of services, perhaps accompanied by a film that could be developed on "The Atypical Child."⁴

¹Bethesda Community School. ²Cooperative Extension Service, University of Maryland.
³National Capital Area Chapter, National Paraplegia Foundation.
⁴Maryland Association for Visually Handicapped.

Recommendation
Number 5

Vocational Training

IMPROVE AND EXPAND VOCATIONAL EVALUATION AND TRAINING IN SOME MEASURE FOR ALL CHILDREN AND YOUTH AND SPECIFICALLY FOR THE MENTALLY AND EDUCATIONALLY RETARDED AND SOCIALLY AND ECONOMICALLY DEPRIVED.

Suggested Implementation

A sequentially designed K-14 program should incorporate a positive orientation to the world of work for all children in the elementary school years. Specific vocational preparation should begin in the first year of junior high and extend through senior high school to include habilitation for the mentally, physically, and socially handicapped and the educationally retarded and deprived. Training should be provided at the junior college level for technical competency.

Implementation of such a comprehensive vocational program would include:

1. Evaluation, guidance, and follow-up as essential specific components which must be developed more fully at the junior and senior high levels and at the junior college.
2. Provision in the elementary curriculum design beginning with Kindergarten to teach children about the division of labor, necessity for occupational specialization, and respect for all legitimate forms of work. An integral part of such efforts should be a parent education program to establish the value of vocational education.
3. Extension and expansion of realistic vocational training experiences to the junior high school level, particularly for the socially and economically deprived and educationally retarded youth; such training should be developed in coordination with actual community occupational needs. One application would be to train students in specific occupations needed by the school system and the county government such as those of A-V technician, library aide, cafeteria worker, custodian, mechanic, electrician, plumber, carpenter helpers, and printers through work-study experiences in school.
4. Expansion of more flexible vocational programs which embody such concepts as "cluster skills," work-study, and scheduling of students for sharing of specialized facilities and programs.
5. Study an extension of comprehensive vocational programs for handicapped children to provide pre-vocational orientation, occupational information, vocational evaluation and guidance, job placement and follow-up, sheltered workshops, and a diploma for successful completion of vocational training.
6. Efforts to foster cooperation among educators, businessmen, and labor through face-to-face communication to ameliorate the effects of such problems as rigid hiring and apprenticeship practices, seniority systems, and readiness for employment.
7. Further development of the Guidance Division clearing house for data about the availability of vocational programs, facilities,

and staff to determine where vacancies exist for students in the several comprehensive high school programs in the county.

8. Expansion of technical training programs such as apparel arts, data processing, food services, child care, practical nursing, and merchandising through the junior college level.

Supporting Evidence

Five studies conducted during planning provided evidence supporting the need to improve and extend vocational education. The study of teacher perceptions of student problems revealed that approximately 6 per cent of the students in junior high school were seen to need vocational training which was not available to them. The study of students placed outside of the school system indicated that a large percentage of handicapped youth was seen to need vocational evaluation and training but were not receiving it. Recommendations from the Governor's Commission to Study the Educational Needs of Handicapped Children, from agencies, and from local and state reports support the need for a comprehensive vocational program.

Vocational evaluation was a concern of the Superintendent's Advisory Committee on Vocational Education. The Committee recommended that "schools with extensive vocational programs be assigned an additional counselor beyond normal allocation for vocational guidance and counseling."¹ The D. C. Council on Rehabilitation directed attention to the need for "emphasis in /vocational/ placement.../for/ the properly evaluated client who has been trained."² Also among the recommendations made for evaluation were those of the Maryland Department of Employment Security which suggested that earlier evaluation of vocational potential should be done routinely by use of the GATB (General Aptitude Test Battery), perhaps in the ninth and tenth grades, the test to be released to the schools for this purpose. An appraisal of allowing vocational education credits for graduation is needed.

Regarding earlier vocational education programs, the Department of Employment Security as well as other agencies recommended that vocational education begin in the elementary school and be geared not only to students whose academic achievement is low, but in some degree to all students of whatever potential.^{3,4,5,6} Vocational education should begin in the first years of school "as a sort of hybrid course, an indoctrination that all work, any kind of labor, is honorable." A "substantial program should be directed to parents to establish the value of vocational education." All students should be exposed to some degree of vocational and technical education.⁷

¹MCPS. Office of the Superintendent. Advisory Committee on Vocational Education. Preliminary Committee Report, August 24, 1966. ²D. C. Council on Rehabilitation, et al. Report, Part One: Rehabilitation and Part Two: Physician's Survey, January, 1960, p. xix. ³Child Mental Health Services. ⁴Montgomery County Welfare Board. ⁵Montgomery County Health Department. ⁶Governor's Committee to Promote Employment of the Handicapped. ⁷Maryland State Department of Employment Security.

Early Programming

The need for a complete curriculum design study was recommended by the Montgomery County Curriculum Study which said that "a study should be made to determine the place of industrial arts instruction in the elementary school"¹ and which also indicated that "students should have access to a wide variety of mind-hand or laboratory-type experiences designed to improve their coordination, to familiarize them with the mechanical principles of basic tools and measuring instruments, and to teach them general shop or laboratory safety rules."² The Superintendent's Advisory Committee on Vocational Education also suggested that "consideration be given to some sort of organized vocational education to all secondary school-age youth for enriching their outlook on work and enabling them to perform more than one thing they presently seek in life."³

Another area of concern expressed in testimony before the Governor's Commission and in reports is the need to provide realistic vocational training which would be balanced with job opportunities. In one report, the D. C. Council on Rehabilitation recommended that "vocational preparation and training for the handicapped in the Washington Metropolitan Area should be more directly related to actual job opportunities."⁴

Another report recommended that efforts be made to "educate youth to want to strive for the kinds of training that would be useful in the present employment market"⁵ and that a clearing house of information be developed so that vocational guidance counselors would "know more thoroughly the total employment picture in Maryland in respect to the number of filled and unfilled jobs in the areas of professional, technical, clerical, sales, service, skilled, semi-skilled, and unskilled."⁶ The Montgomery County Health and Welfare Council recommended that "training in mechanical, domestic, and other skills would be of utmost value in assisting many young people and in realistically preparing them for their future position in the community. Such a training program also should include the provision of employment opportunities for these young men and women."⁷

Other groups recommended strengthening the vocational curriculum in junior high schools. There is need for earlier involvement of vocational rehabilitation personnel with exceptional children at the junior high school level for planning realistic pre-vocational and vocational experiences for educable retarded and culturally disadvantaged children and for nonretarded children with specific academic disabilities in reading⁸ or language development.⁹

¹MCPS. Department of Supervision and Curriculum. Montgomery County Curriculum Study Committee. Final Report, Volume II, August, 1961, p. 422.

²Ibid., p. 463. ³MCPS. Office of the Superintendent. Advisory Committee on Vocational Education, Preliminary Committee Report, August 24, 1966. ⁴D. C. Council on Rehabilitation, et al. Report, Part One: Rehabilitation and Part Two: Physician's Survey, January, 1960, pp. xix, xx. ⁵Maryland Commission for Children and Youth, Report on the Out-of-School, Unemployed Youth, 1963, p. 27. ⁶Ibid., p. 28. ⁷Montgomery County Health and Welfare Council. Report of the Family and Child Welfare Committee, May 5, 1961, p. 3. ⁸Alfred Wellner, Maryland Psychological Association. ⁹Kathryn S. Power, President, Montgomery County Association for Language Handicapped Children.

The Montgomery County Citizens' Assembly for the Study of Juvenile Delinquency strongly recommended "that the public school system strengthen the vocational training course in the curriculum of the junior and senior high schools and consider the advisability of establishing one or more vocational schools within the secondary school education program...."¹

Flexible Programs

More flexible programming in vocational education was a concern of several agencies. The work-study programs were frequently endorsed and were seen as enabling students to combine part-time academic or non-vocational programs with practical training in the trades,² and were considered an optimum method of vocational training for the handicapped learner^{3&4} and as a good setting for needed pre-vocational experience.⁵

Vocational programs of the work-study variety were recommended by the correctional institutions and detention and diagnostic centers to equip young people for a trade,^{6,7&8} to decrease dropouts,⁹ and to meet the needs of youths returning from state hospitals and the training schools whose intelligence is normal or mildly retarded and "whose major needs are for vocational preparation."¹⁰

Other recommendations¹¹ elaborate on flexible vocational training programs and advocate the "cluster concept" of training in vocational areas since "in today's labor force people must be able to do more than one thing to meet job demands." Practical training is needed and "if it is necessary to give a youngster five hours of shop or basket weaving a day to permit him to leave school with some hope of earning his stake in life...give it to him." Vocational training centers, admittedly a costly venture, but a saving one over a long period of time, are recommended in contrast to providing such training in the comprehensive schools, which "tend to produce jacks of all trades and masters of none." These centers should have flexible hours and transportation for specialized courses should be provided from the base school. The vocational centers should be used by adults as well as by in-school youth.

Handicapped Youth

A considerable amount of support was evident in testimony before the Governor's Commission and in the local and state reports for a comprehensive vocational education program for retarded children and youth. Education of the handicapped has as its goal the preparation of the individual for employment within his capabilities. The great bulk of retarded children are considered capable of placement in

¹Montgomery County Citizens' Assembly for the Study of Juvenile Delinquency. Report, August 16, 1965, p. 5. ²People's Court for Juvenile Causes. ³Maryland State Department of Employment Security. ⁴Child Mental Health Services. ⁵Glaydin School. ⁶Thomas J. S. Waxter Children's Center. ⁷Boys' Village of Maryland. ⁸Maryland Training School for Boys. ⁹Maryland Children's Center. ¹⁰Child Mental Health Services. ¹¹Maryland State Department of Employment Security.

competitive employment and should be specifically trained for this. Within this group are the children, growing up in an environment of social and economic deprivation, whose school program should be differentiated from those whose retardation is organic.¹

It may be necessary to make provisions for post-school training in vocational centers or in expanded junior college terminal programs for students who are in need of extended training to realize their greatest job potential.²

This may include students who have sensory and/or organic disabilities but who are not mentally retarded, the mildly mentally retarded group, language handicapped students, visually handicapped students, and some multiple handicapped students.³

Also recommended is the establishment in Maryland of a Comprehensive Multi-disciplinary Vocational Rehabilitation Center. Such a center could be of incalculable benefit in meeting the special needs not only of the severely disabled adults in Maryland, but also of selected multihandicapped persons in the younger age groups, i.e., junior and senior high school age ranges.⁴

In addition to testimony before the Governor's Commission, several major reports recommended programming for mentally retarded youth. Recommendations included pre-vocational experiences, vocational guidance, sheltered workshops, coordination with Vocational Rehabilitation, and adequate transportation.

"[Pre-vocational training] affords the means of determining through observation and response to training whether the individual has the potential for specific vocational training and eventual job placement or whether he is better suited for a terminal type sheltered workshop in which he will receive continuous close supervision in a non-competitive environment. Pre-vocational programs also should provide basic training in grooming for the job, working with others, adjusting to scheduled hours of work, accepting direction and supervision, and, in addition, teaching the individual how to seek and apply for work."⁵

Regarding vocational guidance, the Montgomery County Association for Retarded Children recommended "occupational information, job placement, and follow-up service that will facilitate the retardate's ability to gain and hold employment...."⁶

Sheltered workshop programs were recommended for mentally retarded youth in major studies of special needs of children.⁷ A major point emphasized in each report

¹Morvin A. Wirtz, United States Office of Education, Division of Disadvantaged and Handicapped. ²Homer O. Elseroad, Superintendent, Montgomery County Public Schools. ³Wretha Petersen, Maryland State Federation of the Council for Exceptional Children. ⁴Raymond Simmons, Maryland Chapter National Rehabilitation Association. ⁵Montgomery County Association for Retarded Children. Elements of a Comprehensive Community Program for the Mentally Retarded, 1961. ⁶Ibid., p. 25. ⁷D. C. Council on Rehabilitation, et al. Report, Part One: Rehabilitation and Part Two: Physicians' Survey, January, 1960. Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Mental Retardation Plan, 1966. Maryland Department of Education. Special Education of Atypical Children in Maryland, 1956.

was the need for federal, state, and local cooperative planning.

Also, the need for cooperation between school programs for the mildly retarded and the Division of Vocational Rehabilitation was emphasized, particularly in the Maryland State Comprehensive Plan

"...close cooperative program should be set up between Vocational Rehabilitation and the school programs for moderately retarded adolescents."

"The secondary school program for mildly retarded adolescents in cooperation with Vocational Rehabilitation should be expanded as follows:...numerically to cover all mildly retarded adolescents ...awarding of a diploma based on completion of a definite program sometime between age 16 and age 21...Vocational Rehabilitation program should be extended downward in age to age 13. At this age, Vocational Rehabilitation should officially list the child on its rolls and administer a complete battery of aptitude tests in addition to accumulating data necessary for the establishment of eligibility...."¹

Schools must maintain close relationship with the Vocational Rehabilitation Administration, the Employment Security Commission, and voluntary agencies involved in job placement. Since every employment office operated by the Department of Labor has a person responsible for employment of handicapped persons, referral of handicapped individuals to employment offices as they complete their school programs should become routine.²

Transportation was seen by the Advisory Committee on Vocational Education as one of the necessary conditions for the success of a comprehensive vocational program for mentally retarded children and youth. The committee report recommended that

"The transportation division investigate feasibility of purchasing a number of small buses to accommodate vocational training, work experience, vocational rehabilitation, and special education transportation needs."³

Coordination

Another concern evident in the reports, related not specifically to the needs of the mentally retarded, but more generally to vocational planning for all children, was the apparent inadequacy of cooperation among business, labor, and education. For example, the Maryland Governor's Conference on School Dropouts and Employment

¹Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Mental Retardation Plan, 1966. ²Morvin A. Wirtz, United States Office of Education, Division of Disadvantaged and Handicapped. ³MCPS. Office of the Superintendent. Advisory Committee on Vocational Education. Preliminary Committee Report, August 24, 1966.

Problems recommended

"That school personnel (state, local school system, and individual school) and representatives of business and industry meet together to study the problem and find solutions in regard to: (1) helping the youth acquire skills that would meet the community's unemployment needs...(2) work-study programs."

In order to examine potential employment resources, the conference recommended,

"That business and labor leaders, chambers of commerce, service clubs, educational and professional leaders, and others be brought together to consider this problem. There was a concern in this area for bringing these groups together to deal, too, with what some believe to be unrealistic labor contracts regarding promotion on strictly a seniority basis and unrealistic hiring specifications in regard to expected work performance."¹

Another commission recommended the following:

"Regular meetings of school personnel, labor, and representatives of business and industry to consider the probable types and quantity of trained employees needed for the present and future."

"Increase the apprenticeship program in Maryland at least three-fold and base opportunity for entry on qualifications. Remove bars based upon race and other inhibiting factors."²

The Superintendent's Advisory Committee on Vocational Education in August, 1966, advised "exploration...with certain unions seeking agreement to allow high school experiences to count toward fulfilling apprenticeship requirements."³ Finally, the D. C. Council on Rehabilitation recommended that "directed effort should be made with employers and organized Labor to uncover and utilize new and additional opportunities for employment of the handicapped."⁴

Clearing House

In considering information upon which to base vocational guidance decisions, the Superintendent's Advisory Committee on Vocational Education made several recommendations. The need for clearing house information is evidenced in the preliminary report recommendations that "data be maintained showing use of existing facilities, additional students that could be accommodated at each, and vocational instructional staff utilization" and that "provision be made for continuous

¹Maryland Governor's Conference on School Dropouts and Employment Problems. Working Papers on the Recommendations and Suggestions, September, 1962. ²Maryland Commission for Children and Youth. Report on the Out-of-School, Unemployed Youth, 1963. ³MCPS. Office of the Superintendent. Advisory Committee on Vocational Education. Preliminary Committee Report, August 24, 1966. ⁴D. C. Council on Rehabilitation, et al. Report, Part One: Rehabilitation and Part Two: Physicians' Survey, January, 1960, p. xx.

updating of information regarding vocational opportunities and training required which would have curriculum implications."¹

Other reports supported the need for occupation information. The Maryland Comprehensive Plan for Community Mental Health Services recommended that "strengthening of the school curriculum for vocational education and the need for information on the job placement opportunities have been emphasized by several study and planning committees."²

Technical Training

A final area in which recommendations support a need in vocational education is the expansion of course offerings at the secondary and junior college levels in technical skills. Two school system reports dealing with vocational education have focused attention on this need. The Report on Curriculum in Vocational Education in 1965 recommended:

"That the secondary schools should offer training in data processing for the lower level jobs such as card punch training and data processing machine operation."

"That serious consideration be given to extending the home economics program to the junior college. Vocational offerings might include terminal courses in apparel arts, food service, practical nursing, merchandising, and child development."

"That certain terminal courses in the adult education program as described in bulletins recently published by the Office of Education, HEW, be offered in the Montgomery County Adult Education Program. Among these courses are training for visiting homemakers, companion to elderly persons, management aides in public housing, family dinner service specialists, clothing maintenance specialists, hotel and motel housekeeping aides, and homemaker's assistant."³

The more recent advisory committee report recommended to the superintendent that "appropriate additional vocational-technical training opportunities be provided at junior college level as rapidly as possible."⁴

In addition to recommendations for vocational education program development, data from the Inventory of Student Needs and from the Survey of Student Placement support the need for program expansion. The first study mentioned above showed that

¹MCPS. Office of the Superintendent. Advisory Committee on Vocational Education. Preliminary Committee Report, August 24, 1966, p. 1. ²Maryland State Board of Health and Mental Hygiene. Maryland State Comprehensive Plan for Community Mental Health Services, 1965, p. 48. ³MCPS. Department of Supervision and Curriculum. Report on Curriculum in Vocational Education, May 26, 1965. ⁴MCPS. Office of the Superintendent. Advisory Committee on Vocational Education. Preliminary Committee Report, August 24, 1966.

the percentage of students identified as needing additional training in vocational skills ranged from a low of 2 per cent in Area 10 to a high of 7 per cent in Area 3. There were a total of 4,236 students identified throughout the total county as needing additional training in vocational skills.

In Grades 7-9, 1,487 (6 per cent of the students in these grades) were seen to need vocational training. Of these, only 156 students were known to be receiving the needed additional training. In Grades 10 through 12, 1,413 (6 per cent of the students in these grades) were seen to need additional training in vocational skills, of whom only 450 were known to be getting the vocational help needed. Of the students in Special Education, 421 (or 32 per cent) were seen to need additional vocational training; while only 190 were known to be receiving the needed additional help.

In the survey of student placement, the large number of handicapped youth who are seen to need vocational evaluation and specific vocational training and who are not receiving them would indicate a need for the Montgomery County Public Schools to develop specific plans to expand vocational education.

In this study, 223 or 16.4 per cent of the population of 1,359 students were seen in need of vocational evaluation; however, of this number 61 per cent were not receiving the evaluation. The greatest need for vocational evaluation appeared in the 12-15 age group. The neurologically impaired, educable mentally retarded, and the emotionally and socially handicapped formed about 80 per cent of the group needing vocational evaluation, with 62 per cent of these not receiving an evaluation.

Of the total population of 1,359 youth, 195 were seen to need specific vocational training, with 125 not receiving training. Again, the greatest number needing such a program appeared in the age group from 12-15 years, with 75 per cent in no vocational program.

Vocational evaluation and specific vocational training were recommended for 1967-68 for 12 per cent of the population surveyed. The 12-15 age group showed the greatest need for evaluation and specific training. A specific vocational program in regular public schools was recommended for 33 of the 74 girls in the study whose education was interrupted by pregnancy.

Recommendation
Number 6

Allocation of
Services

ALLOCATE SPECIAL SERVICES WITHIN THE MONTGOMERY COUNTY PUBLIC SCHOOLS ON THE BASIS OF DEMONSTRATED PUPIL AND STAFF NEEDS AND EXPLORE WAYS OF MEETING THE SPECIAL NEEDS OF CHILDREN ATTENDING NONPUBLIC SCHOOLS.

Suggested Implementation

To implement the recommendation for allocation of special services within the Montgomery County Public Schools on the basis of pupil and staff needs rather than on enrollment, it will be necessary to:

1. Examine available data as to comparative needs for services within individual schools, administrative areas, and pupil services areas. Such data are presently available for an initial evaluation from the Department of Pupil and Program Appraisal; Department of Pupil Services; Department of Research; Department of Special Education Services; Title I, ESEA, Office; Head Start Office; and the Office for Planning a Supplementary Education Center.
2. Determine by examining the presently available data whether such data are adequate and amenable to evaluation as valid indicators of needs which occur in varying frequency throughout the county.
3. Establish the kinds of additional data needed and provide for the collection of such data.
4. Consolidate and analyze all available data and develop formulae for the effective distribution of special services based on needs indicated by the data.
5. Develop the processes for the continuous collection and evaluation of data on pupil and staff needs and provide for appropriate revisions of the bases for allocating services and for the initiation of new kinds of services which changing needs dictate.

To explore ways of determining and meeting the special needs of children attending nonpublic schools, it will first be necessary to establish a continuing communication among the leaders of the public, private, and parochial schools and of county health and welfare agencies. Such discussion should lead to a sharing of information about programs, services, and materials which are available in the larger community and ways of resolving the problems of utilizing such resources.

Supporting Evidence

The need for re-examination of the processes through which special services are allocated within the Montgomery County public school system is supported by analysis of the data from the Inventory of Student Needs and data from the Department of Pupil and Program Appraisal, Department of Research, Department of Pupil Services, and Department of Special Education Services.

In analyzing data retrieved from the Inventory of Student Needs, each administrative area of the Montgomery County Public Schools was examined separately to

determine the relative incidence of perceived needs. It was observed that a considerable variation existed in frequency of some needs among the 12 administrative areas of the school system. For example, the percentage of students identified as having problems with arithmetic computation ranged from a low of 8 per cent in one area to a high of 21 per cent in another. Similarly, the frequency with which students were seen to need psychological evaluation ranged from 5 to 9 per cent. Students perceived as needing remedial reading ranged in frequency from a low of 8 per cent in two areas to a high of 19 per cent in a third. A wide range was apparent in the frequency of perceived problems and need for services and is illustrated in the following tables.

TABLE 4

Varying Frequency of Selected Problems
Perceived Among Administrative Areas

Problems	Administrative Areas											
	1	2	3	4	5	6	7	8	9	10	11	12
	%	%	%	%	%	%	%	%	%	%	%	%
Arithmetic Computation	8	9	21	11	17	11	12	13	13	11	13	13
Reading Comprehension	11	12	25	16	22	15	15	15	18	13	16	16
Written Expression	12	13	28	18	23	18	19	16	21	17	19	19
Over-Reactive	7	7	9	6	8	5	7	7	7	6	6	7
Antisocial Behavior	4	4	7	4	6	4	2	3	5	4	3	5

TABLE 5

Varying Frequency of Perceived Need for
Selected Services Among Administrative Areas

Services	Administrative Areas											
	1	2	3	4	5	6	7	8	9	10	11	12
	%	%	%	%	%	%	%	%	%	%	%	%
<u>Evaluation</u>												
Speech Evaluation	7	6	10	7	8	8	7	8	9	6	8	10
Hearing Evaluation	3	2	5	4	5	3	3	4	4	4	3	4
Vision Evaluation	4	4	9	6	8	7	7	6	5	4	7	7
Medical Evaluation	3	3	5	4	6	4	3	4	4	3	4	5
Psychological Evaluation	6	7	8	6	8	7	6	7	8	6	5	9
Educational Evaluation	8	8	11	8	12	9	8	10	10	8	9	12
Environmental or Family Evaluation	6	5	10	6	9	6	6	7	9	5	5	9
<u>Remedial</u>												
Remedial Instruction in Reading	7	8	19	10	17	10	9	11	12	8	11	12
Remedial Instruction in Number Skills	5	5	17	7	13	7	7	9	10	7	9	10
Remedial Instruction in Communication Skills	6	7	18	9	13	9	8	11	11	7	10	11

Again, a wide range is evident among administrative areas in the results from the county-wide third grade achievement testing program of May, 1966. In examining the data from the reading, spelling, and arithmetic tests, it was found that for each test the percentage of children scoring below the 40th national percentile varies widely by administrative areas.

In the reading comprehension test, in one administrative area, only 13 per cent of the pupils scored below the 40th national percentile; while in another area, the percentage was three times as great with 44 per cent of the students scoring below the 40th percentile. In the spelling test, 13 per cent of the children in one area scored below the 40th percentile; while by contrast, in another area 45 per cent of the children scored in that range. In the arithmetic concepts test, achievement ranged from 6 to 38 per cent below the 40th percentile.

Other data are available to indicate the needs vary among areas. In October, 1966, the speech and hearing staff screened the third grade children in the county schools and found 13 per cent of the children in need of speech therapy. However, need ranged by administrative areas from a low of 9 per cent to a high of 25 per cent.

In 1965, a study was conducted of the number of children scoring below 80 I.Q. on the California Test of Mental Maturity administered October, 1964. The data were organized by the then existing area pupil services offices. It was discovered that the schools served by one area office had more youngsters scoring below 80 I.Q. on this test than the other offices combined. The percentage of students scoring 80 I.Q. or lower ranged from 1.4 per cent in one pupil services area to 9.9 per cent in another.

Needs in Nonpublic Schools

Several recommendations regarding the needs of children in nonpublic schools were made by community agencies. These recommendations indicated that the "county should make available to all residents of school age psychological testing and counseling, whether they are in the public or private school."^{1&2} Pupil personnel services to children in nonpublic schools are requested³ so that "services of a remedial, therapeutic, or psychological nature would be made available," since "parents are often faced either with transferring their children or having to seek needed services from private agencies at considerable cost."^{4&5} Speech therapy services are needed by the nonpublic school child,⁶ the preschool multi-handicapped child,⁷ and the child in the day care centers.⁸ Need is also seen for the public schools to "assume some, if not all, of the burden of transporting children to private facilities" of a specialized nature.⁹

In a letter dated June 7, 1965, to Superintendent Elseroad, the Very Reverend Monsignor Thomas Lyons, director of education, Catholic Archdiocese of Washington, outlined the needs of parochial schools in Montgomery County as a follow-up to a conference regarding coordination of programs under the Elementary and Secondary Education Act of 1965. The letter indicated the following areas of need:

1. Services for individual pupil evaluation
2. More special classes for handicapped children
3. Remedial instruction, particularly in reading and speech
4. Teacher training programs geared for teaching the deprived
5. Cultural and enrichment programs
6. Summer school remedial and enrichment programs
7. Preschool programs

Father Lyons pointed out "if some of the services listed above, particularly those aimed at removing cultural gaps and those of a remedial nature were provided to Catholic school students, then it would be possible to keep many children in these schools who presently are being referred to public schools for special classes, basic classes, or for services which the Catholic schools have

¹River Crest. ²Lions Club Preschool Nursery for Blind Children, Inc.

³Catholic Archdiocese of Washington. ⁴Ibid. ⁵Board of Child Care of the

Baltimore Annual Conference of the Methodist Church. ⁶Catholic Archdiocese of Washington. ⁷Lions Club Preschool Nursery for Blind Children, Inc. ⁸Mont-

gomery County Association for Retarded Children. ⁹Cerebral Palsy Center.

not been able to provide. Such referral has the effect of adding to what already is a great burden in terms of numbers for the public schools of the county."

Recommendation
Number 7

Parent
Counseling

INITIATE A PILOT PROJECT TO DEVELOP, AUGMENT, AND COORDINATE A VARIETY OF NEEDED, CONTINUOUS PARENT COUNSELING SERVICES, TO PROVIDE RELATED FAMILY SERVICES, AND TO EXPLORE HOW AND BY WHOM THESE SERVICES COULD MOST FEASIBLY BE SUPPLIED. THIS PROJECT SHOULD BE INCORPORATED WITHIN THE DEVELOPMENT OF THE NEW PERMANENT UNIT FOR THE COORDINATION OF SCHOOL AND COMMUNITY SERVICES SET FORTH IN RECOMMENDATION NUMBER 4.

Suggested Implementation

A project in parent counseling would include:

1. Family counseling on a preventive level which would involve early detection and treatment of problems before acute situations develop.
2. Help for parents in facing and accepting the fact of handicap; guidance in child-rearing practices for infants and children with serious physical, mental, or emotional handicap; counseling for parents and siblings to mitigate the impact of a handicapped child on the family.
3. Counseling as a continuous process in the initial planning for a handicapped child's educational and training program, and at later stages when the child's development necessitates new adjustments and indicates different approaches and solutions.
4. The coordination of counseling services with the educational program through inclusion of teaching and other staff thereby helping the teacher to understand the home problems and the parent to appreciate the school's needs and goals.
5. Consideration of group approaches to counseling where this is more feasible or is judged to be potentially more effective.
6. Counseling and guidance for parents whose children have needs which cannot be met by existing special programs in the public schools or local nonpublic schools.
7. Study and evaluation of feasible ways to provide and coordinate such counseling services in schools and agencies.

Supporting Evidence

Considerable evidence from three project studies supports the need to develop and coordinate a variety of family services through the cooperation of school and community agencies. A total of 57 recommendations from two studies were found to support the need for such services. Data analyzed from the third study, which surveyed children placed outside the school system, indicated that the families in more than one-half of these cases were in need of counseling services; and slightly less than one-half were in need of other services as well.

The Survey of Student Placement revealed that among the services needed the highest was that for family counseling (N=637 or 47 per cent of all cases),

followed by family financial aid (N=305 or 22 per cent), family social work (N=282 or 21 per cent), and family medical aid (N=252 or 19 per cent).

The following table lists those services in order of highest frequency:

TABLE 6

Services All Cases N=1,359	Service Not Needed 1966-67	Service Needed 1966-67	Service Recommended 1967-68		
			Yes	No	Don't Know
Family Counseling	722	637	547	299	513
Family Financial Aid	1,054	305	245	547	567
Family Social Work	1,077	282	228	595	536
Family Medical Aid	1,107	252	207	649	503
Family Psychotherapy	1,204	155	136	680	543

In response to a questionnaire, many community agencies cited a need for family counseling services with particular emphasis on the preventive aspect. Parent education, guidance and counseling, and family counseling services are seen as crucial. Such services should begin with the identification and diagnosis of the handicap early in the child's life,^{1,2,3&4} or early in the child's schooling.^{5,6,7&8} Parents need guidance to help them cope with the complex problem of a handicapped child,^{9&10} or to accept placement in special classes.¹¹ "Uniform parent counseling centers in Montgomery County" are needed to acquaint parents of handicapped children with school and clinical services that are available in this area,¹² or to guide parents to other services when the county has no appropriate placement for their handicapped child "to avoid the misunderstanding, hostility," and lack of support for parents and children that often follows upon lack of appropriate county services.¹³ Parents are often "much more in need of services than their children"¹⁴ and need special casework and counseling for both preschool and school age children.¹⁵ Parents of handicapped children who are not eligible for public school programs because of age or severe handicap "should be granted the services of the county school system such as counseling."¹⁶ Counseling could come through home visits.¹⁷

¹Montgomery County Mental Health Association. ²Governor's Committee to Promote Employment of the Handicapped. ³Columbia Lighthouse for the Blind. ⁴Montgomery County Association for Retarded Children, Inc. ⁵Maryland Association for Visually Handicapped. ⁶St. Maurice Day School. ⁷Columbia Lighthouse for the Blind. ⁸Maryland Children's Center. ⁹Cerebral Palsy Center. ¹⁰Kingsbury Center for Remedial Education. ¹¹University of Maryland, Speech and Hearing Clinics. ¹²Alexander Graham Bell Association for the Deaf. ¹³Maryland Association for the Visually Handicapped. ¹⁴Columbia Lighthouse for the Blind. ¹⁵Ibid. ¹⁶Lions' Club Preschool Nursery for Blind Children, Inc. ¹⁷Maryland Association for the Visually Handicapped.

Testimony before the Governor's Commission to Study the Educational Needs of Handicapped Children suggested the need for counseling services for families with seriously handicapped children on a continuous basis with follow-up assured. The parent associations made strong recommendations for parent guidance and counseling.

"One of the greatest areas of need is that of counseling for families of the handicapped. At best, unqualified people are giving advice. There is little long-time realistic planning for the handicapped and his family. This has led to confusion, conflict, broken homes, and emotional problems for the handicapped, his parents, and even for the other children in the family. Professional, qualified counselors should be made available throughout the state to aid the handicapped in making an adjustment to his handicap and to assist him and his family in planning for the future."¹

A state agency engaged in diagnostic services for the retarded emphasized the need for parent counseling.

"Three-quarters of our recommendations included family counseling services. There is an unmistakable and longstanding need for increased follow-through services to pre- and school-age children and their parents: ongoing parent education, individual parent counseling, and psychological treatment services for parents and their children whenever and wherever needed."²

The testimony before the commission also strongly supported the need to coordinate counseling services with the educational programs by using specialist staff to help the teacher understand home problems and to help the parent appreciate the school's needs and goals. It was suggested that of all the experiences encountered in clinical evaluation and consultation on handicapped children, one of the most discouraging has been found to be the breakdown of understanding and confidence in communicating the findings to parents.

"There is an extensive counseling responsibility inherent in the recognition of education dysfunction, in the planning for and placement of the child in an appropriate program, and in assisting the family to understand the nature of the disability and how they can best help at home. Local public health nursing staff are heavily depended upon for this service, and they must continue to be an integral part of any program designed to fill the need for family orientation and follow-through."³

The use of school-based "resource teachers" was advocated to provide a range of consultant services to children and classroom teachers, and "hopefully, these

¹Robert Hogan, Cerebral Palsy Association of Montgomery County. ²Lewis Armistead, Maryland State Department of Health, Division of Community Services for the Mentally Retarded. ³Edward W. Hopkins, Bureau of Preventive Medical Services, Maryland State Department of Health.

full-time /resource/ teachers also would advise the parents on the specific needs of each visually handicapped child, particularly in the area of home study guidance and adjustments."¹

An urgent plea was made to the commission by the Maryland Association for Retarded Children.

"The Association beseeches this Commission to include in its final report recommendations relative to the inclusion in each special education facility or unit, personnel whose sole responsibility would be parental counseling; and the further recommendation that these positions be reimbursable by state funds."²

Additional testimony indicated that although the nurse and the teacher carry the major responsibility for counseling the parent, more specialized help is needed.

"Special staff is necessary in the guidance, pupil personnel, social service, and psychology fields. Such personnel form a liaison between parent and teacher. Such staff, in addition, can provide a guidance source to teachers in the many management problems of special need children in their classroom. Such staff form the bridge in movement of children into appropriate placement in special programs."³

Several major community reports made recommendations supporting the need for parent and family counseling services. The reports recommended preventive approaches, guidance for parents and siblings, continuing service, and coordination of service, with educational programming.

The Maryland Governor's Conference on School Dropouts and Employment Problems emphasized the need for a preventive level of counseling through its recommendation "that parent education be provided early (even prior to enrollment of the child in the first grade of school) in relation to child development and needs, life goals, attitudes toward schools and work, the function of school, the importance of early health and medical care, etc."⁴

The Maryland Conference of Social Welfare also recommended

"Provisions for helping families before there is a family breakdown. Specifically, we feel that (a) homemaker services should be expanded, (b) wider use should be made of protective services, (c) family counseling be made available under public auspices and that services provided by private auspices be enlarged."⁵

¹Theodore Drucker, President, Maryland Association for the Visually Handicapped. ²Maryland Association for Retarded Children. ³Edward W. Hopkins, Bureau of Preventive Medical Services, Maryland State Department of Health.

⁴Maryland Governor's Conference on School Dropouts and Employment Problems. Working Papers on the Recommendations and Suggestions, September, 1962, p. 2.

⁵Maryland State Conference of Social Welfare. Action for Mental Health, 1961, p. 3.

The Conference of Social Welfare, in addition to reinforcing the need for preventive counseling, recommended that the family unit including siblings be involved in counseling.

"...in the future much more attention should be given to the study and investigation of the family as a unit rather than of the individual. We also recommend that whatever treatment is necessary for the second or third member of the family that this be provided if it will be accepted...."¹

The Montgomery County Curriculum Study Committee was concerned with "children who face overwhelming problems of adjustment and learning due to conditions which exist in their homes."² Such problems, the commission concluded, indicated the "need for personnel to work intensively with parents in counseling them toward alleviating the home condition which is impeding the educational progress of their children."³

¹Maryland State Conference of Social Welfare. Action for Mental Health, 1961, p. 17. ²MCPS. Department of Supervision and Curriculum. Montgomery County Curriculum Study Committee, Final Report, Volume II, August, 1961, p. 660. ³Ibid.

Recommendation
Number 8

Transportation
for
Special Programs

IMPROVE TRANSPORTATION SERVICES FOR PUPILS IN SPECIAL PROGRAMS SO THAT NO PUPIL WILL SPEND MORE THAN ONE HOUR EACH WAY COMMUTING TO A SPECIAL PROGRAM AND NO PUPIL WILL BE DENIED AN APPROPRIATE PROGRAM BECAUSE TRANSPORTATION CANNOT BE ARRANGED

Suggested Implementation

A task force should be appointed and charged to analyze the problem and to propose action, in priority order, to improve transportation services for pupils enrolled in special programs. The task force would include representation from the Montgomery County Public Schools' Departments of School Facilities, Special Education, and Pupil Services and the Division of Transportation; nonpublic schools; Bureau of Maternal and Child Health, Montgomery County Health Department; organizations of parents concerned for handicapped children; and any others deemed appropriate by the superintendent.

The analysis should include the identification of every child who spends more than 45 minutes traveling one way to a special program and the determination of the reason for his long ride. The major problem for the task force to resolve is the need for permanent strategic locations for special education programs. It will also be necessary for the task force to consider the utilization of smaller carriers (20-30 passengers), reduction of door-to-door bus service, staggered schedules for special centers, and use of commercial carriers.

Supporting Evidence

Three of the five studies conducted by the project staff revealed a continuing concern for the hardships experienced by some children for whom transportation to an appropriate school program was unavailable and other children who spent an inordinate amount of time traveling to a special program. Modifying carriers to transport crippled children to their neighborhood schools, stabilizing the allocation of space for special education classes to avoid massive changes in transportation routes, and placing smaller carriers into service to shorten routes were three improvements recommended in nine reports from civic groups, community agencies, and public school departments.

Parents, teachers, and health department staff have expressed concern over the length of time children often must spend on buses commuting to special education programs since many handicapped children experience a shortened school day. Actually, they can ill afford to miss time from teaching for travel. Many handicapped children could benefit from an extended school day. Several respondents on the questionnaire sent to community agencies criticized long bus rides because the energies of the children are drained by the time they reach school. According to some parents, the values of an excellent and costly instructional program have been lost due to complicated transportation arrangements or long bus rides.

Another recommendation cited by several sources was to increase funds to cover costs of transportation when it is necessary to place a child outside the Montgomery County Public Schools to meet his needs.

Recommendation
Number 9

DEVELOP AND IMPLEMENT A COUNTY-WIDE PLAN FOR THE SYSTEMATIC COLLECTION OF INFORMATION ON ALL CHILDREN WHO WITHDRAW FROM SCHOOL.

School
Withdrawal

Suggested Implementation

There are many efforts now in process regarding the follow-up of school dropouts. These efforts should be coordinated under the Department of Pupil Services so that systematic data gathering and evaluation will take place. MCPS Form 560-17 (Report of Transfer or Withdrawal) and MCPS Regulation 515-2¹ should be revised to require an exit interview to be conducted and recorded by the appropriate pupil personnel worker or counselor. Standardized practices and definition of responsibility should be established for the development of an adequate exit interview, and an appropriate format for recording the conditions of premature school withdrawal should be developed for inclusion in the Administrative and Supervisory Handbook. The exit interview form should be amenable to automatic data processing.

In addition, the Department of Pupil Services and the Department of Research should establish a process of data gathering so that predictors of dropouts applicable to Montgomery County could be established and could be continuously revised. The use of commercially available scales which predict dropouts should be explored. In addition, the Inventory of Student Needs, when validated, may have value as a predictor of dropouts; and its use should be considered. The results of this data gathering should be utilized by appropriate staff in continued decision-making concerning services to meet the needs of pupils and the modification of programs.

Supporting Evidence

Concern for the dropout has been expressed many times in many ways throughout the country. In Montgomery County, an intensive study was conducted by the Department of Research on secondary age pupils who dropped out during 1961-62. Each of the annual reports of the Department of Pupil Services has included information about dropouts and has made suggestions for meeting the needs of this group. Montgomery County has a dropout rate fluctuating around 1 per cent for all secondary age youth. The Department of Research report on the 1961-62 dropouts indicated that of 35,432 secondary age youth, 316 or .9 per cent were permanent withdrawals. For 1964-65, the Department of Pupil Services reported that of 514 pupils who withdrew on W-8 (over 16 years old), 309 were found to be "permanent dropouts," a rate of 1.5 per cent of the students enrolled in Grades 10-12. In 1965-66, there were 434 W-8 withdrawals recorded, or approximately 1 per cent of the secondary enrollment.

Although the annual rate of dropouts is relatively small when compared with other school systems, the cumulative effects of this problem are serious.

¹MCPS Regulation 515-2, subject "Student Withdrawal and Suspension" does not require the collection of comprehensive information through a recorded interview.

If approximately 400 students a year are permanent withdrawals, over a five-year period, 2,000 youths will have failed to complete their high school education.

Many recommendations have been made for recording the information about dropouts and for following them; however, most of these recommendations were only partially implemented at the end of the 1966-67 school year. The January, 1966, Annual Report of the Department of Pupil Services made the following recommendations:

"At the opening of school in September each school is requested to identify by name pupils who would have been presumed to return to school following summer vacation. A determination of whether these pupils have been transferred to other schools is made. Those who are not known to have transferred are followed through the school principal, assistant principal, or the counselors in secondary schools, along with the pupil personnel worker assigned to the school. Every attempt is made to ascertain whether the pupils so identified are in appropriate programs or what efforts are appropriate to enable them to return to school."

"Every pupil, therefore, enrolling in a Montgomery County Public School, shall be continually accounted for until such time as he graduates or is formally withdrawn by the appropriate code. This will demand manual accounting and a close working relationship between local school administrators, the Department of Research, and the Department of Pupil Services."

"The number of 'summer dropouts' is not reflected through computer tabulation. The local school system, however, is held responsible for the identification and accounting of those pupils enrolled at the end of the school year who are under sixteen years of age and who did not terminate through graduation or placement in compliance with attendance laws."

In spite of these recommendations, inconsistent practices for recording data and follow-up of dropouts were found. At the present time, comprehensive information about the school dropout problem in Montgomery County can be found only by an examination of individual folders, attendance records, and other data.

Recommendation
Number 10

Adolescent Mothers

STUDY THE MEANS FOR IMPROVING AND COORDINATING THE EDUCATIONAL, HEALTH, AND SOCIAL SERVICES WHICH THE COMMUNITY IS EXTENDING TO GIRLS WHOSE EDUCATION IS INTERRUPTED BY PREGNANCY.

Suggested Implementation

This study should be conducted by a task force composed of representatives from the Montgomery County Public Schools, the County Health and Welfare Departments, the Juvenile Court, and concerned private agencies. This committee would examine presently existing practices and the frequency of need for various services. Exemplary programs in other areas, such as those in Flint, Michigan, would also be explored. The study should culminate in recommendations to relevant agencies for a comprehensive program. Consideration should be given by the task force to the possibility of establishing combined education and health centers in various sections of the county to help meet the pressing needs of these girls and their infants. The major concern should be the continuity of care including measures to insure that both receive comprehensive care after delivery. Related considerations should include credits for a diploma, curricula in child-rearing and development, state reimbursement for educational programs, self-instructional media, counseling, legal advice, marriage counseling, family planning, and vocational preparation.

Supporting Evidence

Preliminary investigation by the Office for Planning a Supplementary Education Center has revealed that, while the annual number of pregnancies among school-aged girls known to school officials is small, its size is increasing each year. In addition, the known incidence appears to be low. For example, data provided by the Health Department for the period November, 1965, to October, 1966, showed that county resident birth certificates were issued for 30 infants whose mothers were under 16 years of age. During the same period of time, only three girls of this age received services from the Home Instruction Office.

From the Survey of Student Placement, it was reported that home instruction served 78 pregnant girls, three of whom were younger than 16 during the year 1965-66. Sixty-five were Caucasian and 13 were Negro. From this group of 78 girls, 22 were known to have graduated after home instruction. For the school year 1966-67, 91 pregnant girls were served; 9 were from junior and 82 from senior high school. An estimated 30 per cent of this total were married. Although home instruction served many of the girls in the county, it is not known how many pregnant girls who were over 16 dropped out of school and were not served by home instruction.

The home instruction program is not designed to provide counseling, yet this is a time of crisis for these girls. The Health Department has indicated a serious concern for the health of these girls and for the unborn children and does provide a spectrum of diagnostic, management, treatment, and counseling services. These services are provided through home visiting, clinics, liaison with physicians, hospital referral, and payment for indigent care. However, with present incomplete information and coordination, it is difficult for concerned agencies to know if appropriate services are being provided or obtained for all who need them.

The problems facing young pregnant girls have been the concern of organizations and agencies at the federal, state, and local levels. One state report noted that "the residential maternity facilities provided in Maryland appear to be totally insufficient; no public funds available to pay for maternity care out of state...."¹

Another report expressed concern for needed counseling services for these girls and reported on a proposed pilot project for intense psycho-social services for young pregnant girls and mothers.

"This project should become the basis for the establishment of this type of service on a much larger scale, closely related to adequate medical services. Possibilities should be explored to develop a special school for pregnant girls geared to prevent a lapse in education and to maintain social integration without treating problems in the regular classroom."²

When local agencies were surveyed for recommendations concerning needed programs, three agencies expressed concern over lack of programs for adolescent girls whose education has been interrupted by pregnancy. These agencies specifically recommended group programs in special sections,³ child care services if needed to prevent loss of time from school,⁴ and curriculum to include health information for the mother, child care, responsible parenthood, and future family planning and information on budgeting and family life.^{5&6}

¹Maryland Advisory Council on Child Welfare, 1964. ²Maryland State Comprehensive Plan for Community Mental Health, 1965, p. 49. ³Washington School of Psychiatry Study Clinic. ⁴Montgomery County Health Department, Division of Disease Control, Tuberculosis Control Program. ⁵Montgomery County Welfare Board. ⁶Montgomery County Health Department.

Recommendation
Number 11

Validation of
the Inventory

VALIDATE THE INVENTORY OF STUDENT NEEDS, AN INSTRUMENT DEVELOPED AND USED BY THE STAFF OF THE OFFICE FOR PLANNING A SUPPLEMENTARY EDUCATION CENTER, FOR APPLICATION IN THIS SCHOOL SYSTEM AND OTHERS AS A SCREENING DEVICE AND AS A MEASURE OF THE INCIDENCE OF PUPIL NEEDS TO BE USED FOR CONTINUOUS PLANNING.

Suggested Implementation

1. This validation study should be conducted under the direction of the Department of Research, Montgomery County Public Schools.
2. In order to measure the validity of the individual items in the instrument, the Inventory (Appendix B) should be given to samples of teachers in each grade for samples of students whom they teach. The validity of the items would be assessed by
 - a) Measuring the "hard" validity of those items for which other data can be found to corroborate the Inventory items. Items 1 through 24 (except Item 6) and Item 52 can be checked against the health, attendance, and psychometric records already available in the school system
 - b) Measuring the validity of certain items through the use of trained observer ratings. The items requiring this treatment are Items 25 through 51 and 53 through 61
 - c) By using a combination of recorded data and observer rating for Items 62 through 66
3. Test-retest reliability studies should be conducted after individual items have been validated and the instrument refined.
4. The optimum time in the school year for administration of the Inventory should be determined.
5. Determine the usefulness of the Inventory in identifying students who have a constellation of problems and for whom the need for special services and programs can be predicted. The internal consistency and scaling procedures of the items in the Inventory and the clinical and predictive validity of the constellations should be studied.
6. Investigate the relatively high incidence of the "don't know" responses on the student inventory by secondary teachers to determine the effects of such teacher variables as experience, training, sex, and teaching field; the effects of system variables such as teaching load, accessibility and content of student records, and organization of the school; and instrument variables such as terminology, appropriateness of items to the age levels, format, and timing of the study.
7. The relatively higher frequency of problems and need for services perceived by teachers for boys as compared to girls should be investigated. Teacher variables such as age, sex, teaching assignment, and attitude toward classroom organization should be studied as to their effect on the perception of problems.

Supporting Evidence

Planning programs and services to meet the needs of children must take into consideration that there are differences in the relative frequency of needs between different geographic areas of the county, between grade levels, and between boys and girls.

Evidence from the study which used the Inventory of Student Needs pointed to the considerable variation in frequency of problems among administrative areas. For instance, the frequency of perceived problems in reading comprehension ranged from a low of 11 per cent in one area to a high of 25 per cent in another; problems in arithmetic computation ranged from 8 per cent in one area to 21 per cent in another. Psychometric data from achievement tests show similar ranges in problems across areas.

The data from the Inventory and reports from the Department of Pupil Services and from other departments point to a higher frequency of problems of boys than girls. Results from the Inventory indicated that many more boys than girls were seen to have problems in basic skills such as oral expression, listening comprehension, reading comprehension, and reading rate. More boys than girls had problems in behavioral areas such as restlessness, attention span, and aggressiveness.

These data indicating differences in frequency of needs and the rapidly changing population characteristics of different sections of the county imply that assessment must be carried out on a regional basis for specific grade levels, by sex, and that it must be accomplished on at least an annual basis if planning is to remain current with the actual situations within the system.

This need for large scale annual assessment indicates the need for a simple technique which is amenable to automated data processing, the results of which can be made quickly available to different levels of administration for planning.

At the present time the school system has no such technique available. However, the experience of the Office for Planning a Supplementary Education Center with the Inventory of Student Needs indicates that it can provide the basis for such assessment if the instrument is refined and validated for such use.

This instrument is suggested because there is no other available at this time which covers such a broad range of problem areas. In addition to providing information relative to frequency of needs, it may be used to identify individual students for whom special programs and services are needed. The Inventory also may yield information about how groups of teachers differ in their knowledge about, and in their perceptions of, the children whom they teach. These data may be valuable in designing staff development activities and in providing information for student records.

APPENDIX A

SITE VISITS MADE BY THE STAFF

MAJOR CONFERENCES ATTENDED BY THE STAFF

Among site visits made by the staff were the following:

Cerebral Palsy Center of Montgomery County, Silver Spring, Maryland
Children's Hospital of Washington, D. C.
Christ Child Institute for Children, Rockville, Maryland
Christ Church Child Center, Bethesda, Maryland
Clifton T. Perkins State Hospital, Jessup, Maryland
Department of Employment Security, Wheaton Office, Maryland
Easter Seal Treatment Center, Rockville, Maryland
Educational Enrichment Center, Sarasota, Florida
Jewish Foundation for Retarded Children, Washington, D. C.
John Tracy Clinic, Los Angeles, California
Kendall School for the Deaf, Washington, D. C.
Linwood School, Ellicott City, Maryland
Los Angeles City Schools' Special Education Programs, Los Angeles, California
MacDonald Training Center and the Sertoma Workshop, Tampa, Florida
The Marianne Frostig Center of Educational Therapy, Los Angeles, California
Mental Retardation Services Board of Los Angeles County, California
Montgomery County Center for Retarded Children, Kensington, Maryland
National Seminar on Innovation, Kamehameha Schools, Honolulu, Hawaii
Philadelphia City Schools' Program for Socially and Emotionally Maladjusted,
Pennsylvania
Responsive Environment Laboratory, New Haven, Connecticut
Rosewood State Hospital, Owings Mills, Maryland
St. Maurice Day School, Bethesda, Maryland
Special Education Materials Center, University of Wisconsin
Springfield State Hospital, Sykesville, Maryland
Stanford University, Computer-Assisted Instruction and Micro-Teaching
Projects, California
University of Southern California Instructional Materials Center for
Special Education, Los Angeles, California
Vanguard School, Florida
Victor Cullen School for Delinquents, Thurmont, Maryland
Walter Reed General Hospital, Child Psychiatry Service, Washington, D. C.

The following conferences were attended by staff members:

American Association of School Administrators, Atlantic City, New Jersey
American Association on Mental Deficiency, Chicago, Illinois
American Education Research Association Convention, New York City
American Orthopsychiatric Convention, Washington, D. C.
American Psychological Association Convention, New York City
Council for Exceptional Children, Toronto, Canada
Department of Audio-Visual Instruction Convention, Atlantic City, New Jersey
International Convocation for Children with Specific Learning Disabilities,
Pittsburgh, Pennsylvania
National Conference on Variables and Categories, Exceptional Children,
University of Maryland
Seventh National Community School Clinic, Flint, Michigan
Special Education Conference in Anne Arundel County, Maryland
Symposium, Midwest Regional Media Center for Deaf Education, University of
Nebraska
Teacher Education and Media Institute, American Association of Colleges for
Teacher Education, University of Maryland
Workshop of Washington Chapter of the National Society for Programmed
Instruction

APPENDIX B
INSTRUMENT FOR INVENTORY OF STUDENT NEEDS
AND
RESPONSE FORM

Office for Planning a Supplementary Education Center
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

INVENTORY OF STUDENT NEEDS

October 1966

Homer O. Elseroad
Superintendent of Schools

APPENDIX C

INSTRUMENT FOR SURVEY OF STUDENT PLACEMENT

INSTRUCTIONS
PLEASE RESPOND TO EVERY ITEM WHICH HAS NOT ALREADY BEEN COMPLETED. PLEASE CORRECT ANY INACCURATE RESPONSES WHICH WERE COMPLETED FROM OUR RECORDS.

NAME

(LAST)

(FIRST)

(MIDDLE)

DATE OF BIRTH

Mo. _____ Yr. _____

AGE

Yr. _____

SEX

() MALE () FEMALE

RACE

() W () N () O

PRESENT GRADE LEVEL

1. PRESENT PLACEMENT

2. DATE OF PLACEMENT: Mo. _____ Yr. _____

GRADE LEVEL AT PLACEMENT _____

3. THIS CHILD: IS AMBULATORY () NO () YES HAS INTELLIGIBLE SPEECH () NO () YES
IS CAPABLE OF INDEPENDENT WORK AND PLAY () NO () YES

4. PRIMARY HANDICAP _____ SECONDARY HANDICAPS _____
PLEASE CHECK HERE FOR NONE ()

5. IF PLACED BY COURT ACTION, PLEASE SPECIFY REASON _____
PLACEMENT CODE (OFFICE USE ONLY) _____

6. HAS THIS CHILD EVER ATTENDED MONTGOMERY COUNTY PUBLIC SCHOOLS? () NO () YES () DON'T KNOW
IF YES: A. THE DATE LAST ATTENDED _____
B. TYPE OF PROGRAM: () REGULAR CLASS () SPECIAL EDUCATION CLASS () HOME INSTRUCTION

7. THE FOLLOWING IS A LIST OF TYPES OF PLACEMENTS AND PROGRAMS. PLEASE INDICATE IN:
COLUMN A - TYPE OF PLACEMENT AND PROGRAM OF CHILD IMMEDIATELY PRIOR TO PLACEMENT IN YOUR FACILITY
COLUMN B - TYPE OF PRESENT PLACEMENT AND PROGRAM
COLUMN C - TYPE OF PLACEMENT YOU SEE AS BEING MOST APPROPRIATE FOR THIS CHILD IN 1967-68

	A	B	C
TYPE OF EDUCATIONAL PROGRAM	PRIOR	PRESENT	APPROPRIATE FOR 1967-68
1. REGULAR PUBLIC SCHOOL CLASSES	()	()	()
2. SPECIAL EDUCATION IN PUBLIC SCHOOL	()	()	()
3. PRIVATE DAY SCHOOL PROGRAM	()	()	()
4. PUBLIC RESIDENTIAL PROGRAM	()	()	()
5. PRIVATE RESIDENTIAL PROGRAM	()	()	()
6. HOME INSTRUCTION MCPS	()	()	()
7. No SCHOOL PROGRAM	()	()	()
8. DAY CARE ACTIVITY PROGRAM	()	()	()

TYPE OF PLACEMENT			
1. SEVEN DAY RESIDENCE	()	()	()
2. CORRECTIONAL INSTITUTION	()	()	()
3. HOSPITAL	()	()	()
4. FIVE DAY RESIDENCE	()	()	()
5. NIGHT AND WEEKEND RESIDENCE	()	()	()
6. GROUP HOME	()	()	()
7. FOSTER HOME	()	()	()
8. HOME	()	()	()
9. OTHER (SPECIFY) _____	()	()	()

8. COMMENTS:

COMPLETED BY:

NAME: _____ POSITION _____ DATE _____

(PLEASE PRINT OR TYPE)

9. THE FOLLOWING IS A LIST OF SERVICES AND PROGRAMS WHICH MAY BE APPROPRIATE FOR THIS CHILD.
PLEASE RESPOND TO EACH ITEM.

SERVICES AND PROGRAMS	THIS STUDENT SHOULD HAVE THIS SERVICE OR PROGRAM		IF YES, IS THIS SERVICE OR PROGRAM NOW AVAILABLE TO HIM?		HE WILL NEED THIS SERVICE OR PROGRAM IN 1967-68		
	YES	NO	YES	NO	YES	NO	DON'T KNOW
REGULAR PUBLIC SCHOOL CLASSES							
GENERAL REMEDIAL INSTRUCTION							
REMEDIAL READING INSTRUCTION							
REMEDIAL ARITHMETIC INSTRUCTION							
REMEDIAL INSTRUCTION IN COMMUNICATION SKILLS							
SPECIFIC VOCATIONAL TRAINING							
SPECIAL EDUCATIONAL PROGRAM FOR:							
EDUCABLE MENTALLY RETARDED							
TRAINABLE MENTALLY RETARDED							
ORTHOPEDICALLY HANDICAPPED							
NEURO-MUSCULAR OR CHRONIC HEALTH CONDITIONS							
VISUALLY HANDICAPPED							
AUDITORY HANDICAPPED							
EMOTIONALLY HANDICAPPED							
SPECIFIC LEARNING DISABILITIES							
ACADEMICALLY TALENTED							
MOBILITY TRAINING FOR VISUALLY HANDICAPPED							
SPEECH EVALUATION							
HEARING EVALUATION							
VISION EVALUATION							
MEDICAL EVALUATION							
DENTAL SERVICES							
SERVICES OF SCHOOL COUNSELOR							
SERVICES OF PUPIL PERSONNEL WORKER							
PSYCHOLOGICAL EVALUATION							
PSYCHIATRIC EVALUATION							
EDUCATIONAL EVALUATION							
VOCATIONAL EVALUATION							
SHELTERED EMPLOYMENT							
PROSTHETIC APPLIANCES AND AIDS							
MEDICAL AID							
SPEECH THERAPY							
HEARING THERAPY							
PHYSICAL THERAPY							
OCCUPATIONAL THERAPY							
PSYCHOTHERAPY							
OTHER (SPECIFY)							
10. SERVICES FOR FAMILY	THE FAMILY SHOULD HAVE THE SUPPORT OF THIS SERVICE.		IF YES, IS IT NOW AVAILABLE TO THEM?		THE FAMILY WOULD NEED THE SUPPORT OF THIS SERVICE IN 1967-68		
	YES	NO	YES	NO	YES	NO	DON'T KNOW
PSYCHOTHERAPY							
SOCIAL WORK							
FAMILY COUNSELING							
MEDICAL AID							
FINANCIAL AID							
AID FOR ALCOHOLISM							
OTHER (SPECIFY)							

APPENDIX D

INSTRUMENT FOR SURVEY OF COMMUNITY AGENCIES

CODE #

OFFICE FOR PLANNING A SUPPLEMENTARY EDUCATION CENTER MONTGOMERY COUNTY PUBLIC SCHOOLS ROCKVILLE, MARYLAND	QUESTIONNAIRE TO AID IN DESIGNING PROJECTED SUPPLEMENTARY EDUCATION CENTER AND FOR PROPOSED DIRECTORY OF COMMUNITY RESOURCES SEPTEMBER 1966																												
INSTRUCTIONS PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN IN THE ENCLOSED ENVELOPE BY OCTOBER 19, 1966. THE INFORMATION WILL BE USED AS YOUR LISTING IN A PROPOSED DIRECTORY OF RESOURCES TO BE COMPILED BY THIS OFFICE. A DUPLICATE IS ENCLOSED FOR YOUR FILES. PLEASE CHECK EVERY QUESTION. WHERE NECESSARY, WRITE IN "DOES NOT APPLY." READING THE ENTIRE QUESTIONNAIRE FIRST MAY BE HELPFUL. PLEASE NOTE ITEM 13.																													
NAME OF AGENCY OR SCHOOL _____ TELEPHONE _____																													
ADDRESS _____	ZIP CODE _____ HOURS (INCLUDE SATURDAY & EVENING HOURS) _____																												
NAME OF DIRECTOR OR ADMINISTRATOR _____ TITLE _____																													
1. A. TYPE OF AGENCY OR SCHOOL (CHECK ONE) () PUBLIC, TAX SUPPORTED () PRIVATE () PRIVATE, NON-PROFIT () VOLUNTARY () CHURCH AFFILIATED B. DO YOU RECEIVE FUNDS FROM UNITED GIVERS FUND? () YES () NO																													
2. FEES A. DOES YOUR AGENCY OR SCHOOL CHARGE A FEE? () YES () NO IF NO, SKIP TO ITEM 3. B. IF YES, ARE YOUR FEES FIXED? () YES () NO IF YES, AMOUNT _____ C. ARE THEY ON A SLIDING SCALE? () YES () NO IF YES, FROM _____ TO _____ D. IS THE STATE TUITION GRANT AVAILABLE TO YOUR CLIENTS? () YES () NO IF YES, DOES IT COVER PART () OR ALL () OF THE FEE? E. ARE SCHOLARSHIPS AVAILABLE TO YOUR CLIENTS? () YES () NO IF YES, DO THEY COVER PART () OR ALL () OF THE FEE? NUMBER AVAILABLE THIS YEAR _____; NUMBER FILLED _____ COMMENTS _____																													
3. REFERRALS FROM WHOM DO YOU ACCEPT REFERRALS: () DOCTOR ONLY () SCHOOL PERSONNEL () OTHERS (SPECIFY) _____ () OTHER AGENCIES () SELF REFERRAL _____																													
4. AREA SERVED A. MONTGOMERY COUNTY ONLY () YES () NO C. WASHINGTON AREA () YES () NO B. MARYLAND ONLY () YES () NO D. OTHER (SPECIFY) _____																													
5. TRANSPORTATION A. IS TRANSPORTATION PROVIDED BY YOU FOR CLIENT? () YES () NO B. IF NECESSARY, DO YOU SOMETIMES ARRANGE TRANSPORTATION? () YES () NO C. IS PUBLIC TRANSPORTATION AVAILABLE? () YES () NO																													
6. ELIGIBILITY A. PLEASE CHECK <u>ALL</u> AGE, SEX AND CONDITION CATEGORIES ELIGIBLE FOR YOUR PROGRAMS OR SERVICES. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: left;">AGE & SEX ELIGIBILITY</th> <th>INFANCY-3</th> <th>3½ - 5</th> <th>6 - 11</th> <th>12 - 15</th> <th>16 - 21</th> <th>OVER 21</th> </tr> <tr> <td>MALES ONLY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FEMALES ONLY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BOTH MALES & FEMALES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		AGE & SEX ELIGIBILITY	INFANCY-3	3½ - 5	6 - 11	12 - 15	16 - 21	OVER 21	MALES ONLY							FEMALES ONLY							BOTH MALES & FEMALES						
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MALES ONLY																													
FEMALES ONLY																													
BOTH MALES & FEMALES																													
B. FOR WHICH OF THE FOLLOWING DO YOU PROVIDE PROGRAMS OR SERVICES? <table style="width: 100%;"> <tr> <td style="width: 33%;"> YES NO () () MENTALLY RETARDED () () EMOTIONALLY HANDICAPPED () () MENTALLY ILL () () CEREBRAL PALSID () () LANGUAGE IMPAIRED () () CLEFT PALATE </td> <td style="width: 33%;"> YES NO () () MINIMAL BRAIN INJURY () () DEAF () () HARD OF HEARING () () PARTIALLY SEEING () () BLIND () () CARDIAC & RESPIRATORY </td> <td style="width: 33%;"> YES NO () () CONVULSIVE DISORDERS () () ORTHOPEDIC HANDICAPS () () ALCOHOLIC () () OTHER (SPECIFY) _____ </td> </tr> </table>		YES NO () () MENTALLY RETARDED () () EMOTIONALLY HANDICAPPED () () MENTALLY ILL () () CEREBRAL PALSID () () LANGUAGE IMPAIRED () () CLEFT PALATE	YES NO () () MINIMAL BRAIN INJURY () () DEAF () () HARD OF HEARING () () PARTIALLY SEEING () () BLIND () () CARDIAC & RESPIRATORY	YES NO () () CONVULSIVE DISORDERS () () ORTHOPEDIC HANDICAPS () () ALCOHOLIC () () OTHER (SPECIFY) _____																									
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C. RESTRICTIONS WILL YOU ACCEPT CLIENTS FROM THE FOLLOWING GROUPS INTO YOUR PROGRAM? <table style="width: 100%;"> <tr> <td style="width: 33%;"> YES NO () () EMOTIONALLY DISTURBED () () MENTALLY ILL () () MENTALLY RETARDED () () BRAIN DAMAGED </td> <td style="width: 33%;"> YES NO () () EPILEPTIC () () ORTHOPEDICALLY HANDICAPPED () () BLIND () () DEAF </td> <td style="width: 33%;"> YES NO () () OTHER PHYSICALLY HANDICAPPED () () OTHER RESTRICTIONS: _____ </td> </tr> </table>		YES NO () () EMOTIONALLY DISTURBED () () MENTALLY ILL () () MENTALLY RETARDED () () BRAIN DAMAGED	YES NO () () EPILEPTIC () () ORTHOPEDICALLY HANDICAPPED () () BLIND () () DEAF	YES NO () () OTHER PHYSICALLY HANDICAPPED () () OTHER RESTRICTIONS: _____																									
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7. PROGRAMS AND SERVICES THIS QUESTION HAS FIVE PARTS. PLEASE READ ALL BEFORE RESPONDING. A. DOES YOUR AGENCY PROVIDE THE FOLLOWING PROGRAMS OR SERVICES? <table style="width: 100%;"> <tr> <td style="width: 33%;"> YES NO () () SEVEN-DAY RESIDENTIAL CARE () () FIVE-DAY RESIDENTIAL CARE () () NIGHT & WEEKEND CARE () () DAY SCHOOL PROGRAM HOURS PER WEEK _____ () () DAY CARE ACTIVITIES () () POST-INSTITUTIONAL CARE () () VOCATIONAL EVALUATION () () OCCUPATIONAL TRAINING () () SHELTERED EMPLOYMENT () () VOCATIONAL PLACEMENT </td> <td style="width: 33%;"> YES NO () () PROSTHETIC APPLIANCES AND AIDS () () TRAINING IN USE OF APPLIANCES & AIDS () () MOBILITY TRAINING () () SUMMER DAY CAMP () () SUMMER RESIDENTIAL CAMP () () FINANCIAL AID () () SOCIAL WORK () () FOSTER CARE PLACEMENT </td> <td style="width: 33%;"> YES NO () () HOME HEALTH SERVICE, IF YES, YES NO () () NURSING () () OCCUPATIONAL THERAPY () () PHYSICAL THERAPY () () REFERRAL SERVICE () () EDUCATIONAL-INFORMATIONAL- LEGISLATIVE () () SPEAKER'S BUREAU () () OTHER (SPECIFY) _____ </td> </tr> </table>		YES NO () () SEVEN-DAY RESIDENTIAL CARE () () FIVE-DAY RESIDENTIAL CARE () () NIGHT & WEEKEND CARE () () DAY SCHOOL PROGRAM HOURS PER WEEK _____ () () DAY CARE ACTIVITIES () () POST-INSTITUTIONAL CARE () () VOCATIONAL EVALUATION () () OCCUPATIONAL TRAINING () () SHELTERED EMPLOYMENT () () VOCATIONAL PLACEMENT	YES NO () () PROSTHETIC APPLIANCES AND AIDS () () TRAINING IN USE OF APPLIANCES & AIDS () () MOBILITY TRAINING () () SUMMER DAY CAMP () () SUMMER RESIDENTIAL CAMP () () FINANCIAL AID () () SOCIAL WORK () () FOSTER CARE PLACEMENT	YES NO () () HOME HEALTH SERVICE, IF YES, YES NO () () NURSING () () OCCUPATIONAL THERAPY () () PHYSICAL THERAPY () () REFERRAL SERVICE () () EDUCATIONAL-INFORMATIONAL- LEGISLATIVE () () SPEAKER'S BUREAU () () OTHER (SPECIFY) _____																									
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CONTINUED ON REVERSE SIDE

7. PROGRAMS AND SERVICES (CONTINUED)

B. DOES YOUR AGENCY PROVIDE COUNSELING SERVICES?

YES NO	YES NO	YES NO	YES NO
() () INDIVIDUAL	() () FAMILY	() () EDUCATIONAL	() () OTHER (SPECIFY) _____
() () GROUP	() () HEALTH	() () VOCATIONAL	

C. DOES YOUR AGENCY PROVIDE DIAGNOSTIC SERVICES?

YES		NO		YES		NO	
()	()	PSYCHOLOGICAL	()	()	SPEECH	()	()
()	()	EDUCATIONAL	()	()	HEARING	()	()
()	()		()	()	VISION	()	()
()	()		()	()	GENERAL MEDICAL	()	()
()	()		()	()	PSYCHIATRIC	()	()
()	()		()	()	OTHER (SPECIFY)	()	()

C(1). ARE DIAGNOSTIC SERVICES PERFORMED ON AN () OUT-PATIENT BASIS () IN-PATIENT BASIS?

C(2). CAN DIAGNOSIS BE DONE ON AN EMERGENCY BASIS? () YES () NO

C(3). IN GENERAL, IS THERE A WAITING PERIOD FOR DIAGNOSIS? () YES () NO

IF YES, IS IT USUALLY: () LESS THAN ONE MONTH () THREE TO SIX MONTHS
 () ONE TO THREE MONTHS () MORE THAN SIX MONTHS

D. DOES YOUR AGENCY PROVIDE PSYCHOTHERAPY?

YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
()	()	()	()	()	()	()	()	()	()	()	()
INDIVIDUAL		GROUP		FAMILY		PLAY		MILIEU		DRUG	

D(1). CAN PSYCHOTHERAPY BE GIVEN ON AN EMERGENCY BASIS? () YES () NO

D(2). IN GENERAL, IS THERE A WAITING PERIOD FOR PSYCHOTHERAPY? () YES () NO

IF YES, IS IT USUALLY: ☐ LESS THAN ONE MONTH ☐ THREE TO SIX MONTHS
 ☐ ONE TO THREE MONTHS ☐ MORE THAN SIX MONTHS

E. DOES YOUR AGENCY PROVIDE OTHER THERAPIES?

YES			NO			YES			NO			YES			NO		
YES			NO			YES			NO			YES			NO		
()	()	SPEECH	()	()	HEARING	()	()	OCCUPATIONAL	()	()	PHYSICAL	()	()	OTHER (SPECIFY)			

8. ENROLLMENT THIS QUESTION APPLIES TO SCHOOL AND TRAINING PROGRAMS ONLY.

A. WHAT IS THE PRESENT ENROLLMENT CAPACITY OF YOUR PROGRAM?

(1) DAY SCHOOL _____ (3) OCCUPATIONAL TRAINING _____
(2) DAY CARE _____ (4) RESIDENTIAL (7-DAY) _____ (5-DAY) _____ (NIGHT AND WEEKEND) _____

B. IN GENERAL, WHAT IS THE WAITING PERIOD FOR ADMISSION TO YOUR PROGRAM? PLEASE CHECK ONLY THOSE WHICH APPLY.

	ONE TO SIX MONTHS	SIX MONTHS TO ONE YEAR	MORE THAN ONE YEAR
(1) DAY SCHOOL			
(2) DAY CARE			
(3) SEVEN-DAY RESIDENTIAL			
(4) FIVE-DAY RESIDENTIAL			
(5) NIGHT & WEEKEND CARE			
(6) OCCUPATIONAL TRAINING			

9. ARE FINDINGS AND/OR PROGRESS ROUTINELY REPORTED? () YES () NO

A. IF YES, How: () WRITTEN REPORTS

B. To WHOM: () REFERRING SERVICE

() TELEPHONE REPORTS

() OTHER AGENCIES

() CONFERENCE

() SCHOOL

() ON SIGNED RELEASE ONLY

() DOCTOR

10. WHEN NEEDED SERVICES ARE NOT AVAILABLE IN YOUR AGENCY, DO YOU (CHECK ONLY ONE)

A. () USUALLY MAKE CONTACT FOR CLIENT, OR FOLLOW THROUGH AFTER HE MAKES CONTACT.

B. () USUALLY TELL CLIENT OF OTHER AGENCIES, BUT LEAVE IT UP TO HIM TO MAKE CONTACT.

C. () USUALLY NOT REFER.

11. DOES YOUR AGENCY OFFER OPPORTUNITY FOR VOLUNTEER SERVICES? () YES () NO

12. LIST STAFF BY TYPE AND NUMBER:

[illegible]

13. FURTHER INFORMATION WHICH WOULD BE IMPORTANT IN DESCRIBING YOUR SERVICES IN A DIRECTORY.

CODE #

OFFICE FOR PLANNING A
SUPPLEMENTARY EDUCATION CENTER
MONTGOMERY COUNTY PUBLIC SCHOOLS
ROCKVILLE, MARYLAND

RECOMMENDATIONS FOR PLANNING PROGRAMS AND SERVICES
FOR A SUPPLEMENTARY EDUCATION CENTER
SEPTEMBER 1966

THIS OFFICE IS CONCERNED ABOUT UNMET NEEDS OF CHILDREN IN MONTGOMERY COUNTY. THE FOLLOWING
INFORMATION IS REQUESTED TO HELP US DETERMINE NEEDS AND PLAN EFFECTIVE PROGRAMS.

1. HAS YOUR AGENCY ISSUED ANY REPORTS CONCERNING NEEDS OF CHILDREN SINCE 1963? () YES () NO

2. HAS YOUR AGENCY SERVED ANY MONTGOMERY COUNTY RESIDENTS IN 1965-66? () YES () NO
IF YES, INDICATE NUMBER:

	INFANCY-3	3½ - 5	6 - 11	12 - 15	16 - 21	OVER 21	TOTAL
MALES							
FEMALES							

3. RECOMMENDATIONS

A. FROM INCIDENTS YOU HAVE EXPERIENCED IN THE PAST YEAR, WHAT ADDITIONAL PROGRAMS AND SERVICES DO YOU THINK
THE MONTGOMERY COUNTY PUBLIC SCHOOLS SHOULD OFFER? (PLEASE CONTINUE ON REVERSE SIDE)

B. PLEASE GIVE EXAMPLES THAT HAVE OCCURRED DURING THE PAST YEAR SHOWING THE NEED FOR PROGRAMS AND SERVICES
RECOMMENDED IN 3 A. (PLEASE CONTINUE ON REVERSE SIDE)

C. HOW CAN THE SCHOOLS WORK IN MORE MEANINGFUL WAYS WITH YOUR AGENCY AND OTHERS? (PLEASE CONTINUE ON REVERSE
SIDE)

D. WHAT SUGGESTIONS DO YOU HAVE FOR MODIFYING PROCEDURES TO INCREASE OR IMPROVE INTER-AGENCY SERVICES?
(PLEASE CONTINUE ON REVERSE SIDE)

COMPLETED BY:

SIGNATURE

POSITION

DATE

PLEASE RETURN BY OCTOBER 19, 1966

APPENDIX E
PROJECT STAFF

PROJECT STAFF

John C. Bish, Curriculum Specialist
Caroline K. Bonner, Curriculum Specialist
Lorraine S. McBride, Secretary
L. Edna Payne, Secretary
William R. Porter, Director
Esther F. Samler, Community Agency Coordinator
Donald T. Schaeffer, Research Coordinator
W. Timothy Weaver, Research Librarian
Elsie R. Wicks, Secretary

planning for
SUPPLEMENTARY
EDUCATION
SERVICES

mini-report

ED0022833-2

UD 006 347

title III
e.s.e.a.

MONTGOMERY COUNTY
PUBLIC SCHOOLS
Homer O. Elseroad, Supt
ROCKVILLE, MD.

REPORT
ON THE STUDY OF THE FEASIBILITY OF DEVELOPING A MODEL
DEMONSTRATION SCHOOL FOR EDUCATIONALLY
DISADVANTAGED YOUTH
VOLUME 1

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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UD 006 347-2
The project reported herein was financed through the provisions of
Title III of the Elementary and Secondary Education Act of 1965.

Grant Number OEG-2-000476-0267

Project Number 476

March 25, 1966 - September 30, 1967

Montgomery County Public Schools
Rockville, Maryland

August 1967

Homer O. Elseroad
Superintendent of Schools

FOREWORD

Planning for Supplementary Education Services, a report of the project to study the feasibility of developing a model demonstration school for educationally disadvantaged children, is described briefly in a Mini-Report and in detail in two other volumes. This Mini-Report includes a brief overview of the six studies that were conducted to determine the unmet needs of the school children of Montgomery County and the recommendations for improving educational opportunities for these children.

Copies of Volume 1, Planning for Supplementary Education Services, Recommendations, are available from the Department for the Planning and Development of Federal and State Programs, Montgomery County Public Schools, 850 North Washington Street, Rockville, Maryland, 20850. The telephone number for this office is 762-5000, extension 447. Copies of Volume 2 will be available from the same source after January 1, 1968.

Volume 1, Recommendations, is organized in two major sections. The first section includes an introduction, a brief description of planning activities, the major findings from the six studies conducted under the project, conclusions formulated from a synthesis of the data, and recommendations for programs and services. In the second section, there is a restatement of each recommendation with suggested methods of implementation and supporting evidence. A copy of the three survey instruments and listings of site visits made by the staff and conferences attended by the staff are included in the Appendix.

Volume 2, Planning for Supplementary Education Services includes a thorough description of the planning processes and detailed findings from each of the six studies.

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Elsie R. Wicks, Secretary

ADVISORY COMMITTEE TO PROJECT

Dr. James C. Craig, assistant superintendent, Montgomery County Public Schools
Dr. Ruth-Alice Asbed, chief, Division of Maternal and Child Health, Montgomery County Health Department
Miss Rita E. Beuchert, executive director, Montgomery Health and Welfare Council
Mr. Robert Hacken, past president, Montgomery County Council of PTA's
Dr. Jean R. Hebeler, head, Department of Special Education, University of Maryland
Dr. W. Lewis Holder, Maryland State Department of Mental Hygiene
Dr. Roy P. Lindgren, Montgomery County Health Officer
Mr. Harvey McConnell, Jr., deputy director, Montgomery County Welfare Department
Mrs. Rozelle J. Miller, supervisor of Special Education, Maryland State Department of Education
Mrs. Elizabeth Morehouse, Montgomery County Juvenile Court

REPORT OF PLANNING PROJECT

In March, 1966, the Montgomery County Public Schools received a grant under Title III of the Elementary and Secondary Education Act to study the feasibility of designing and operating a model-demonstration school for children and youth whose special needs are not met by existing school programs. This project resulted from the interests and efforts of the staffs of many community agencies, public and private, and individual citizens who had been concerned, over a period of years, with the unmet needs of children and youth in the county.

DETERMINING THE NEED

To achieve the project objective, the staff developed and carried out six separate studies. The major studies conducted by the project staff included:

1. A review of local and state reports of civic groups, parent associations, and agencies from a ten-year period to determine what recommendations have been made for special programs for children.
2. A survey of teacher perceptions of children's needs for educational programs and services based on a 20 per cent random stratified sample of the 111,233* children in the public schools of Montgomery County.
3. A survey of the programs and services needed by children with special needs placed in private schools, state schools and hospitals, correctional schools, and as far as could be determined, those with no available school placement. The children enrolled in Head Start were also included.
4. A survey of the community resources existing within a 50-mile radius of Rockville which serve Montgomery County children with special needs and their families.
5. An analysis of recommendations for improving services for children made by community agencies through a questionnaire.
6. A review of reports of testimony presented to the 1966 Governor's Commission on the Educational Needs of Handicapped Children.

A brief description of each study follows:

Study 1 - A Review of Local and State Reports

A central depository for the community's reports and documents does not exist; therefore, potentially useful literature was identified by the research librarian through contacts with the project advisory committee and staff of the Montgomery County Public Schools and other agencies. Based on these procedures, 208 documents and reports were collected for initial review. Seventy-eight yielded recommendations

*Enrollment October 1966

and statements that were considered relevant; 53 of the reports and documents were produced by Montgomery County agencies. The remaining 25 documents were published by state agencies and metropolitan non-profit voluntary agencies.

Study 2 - The Identification of the Incidence and Nature of the Needs of Students in the Montgomery County Public Schools

Twenty per cent of the students in Kindergarten through Grade 12 in each school were selected for this study. Each classroom teacher was asked to complete a 94-item inventory for approximately five students whom he was teaching. The names of the students were selected by random sampling procedures from each grade in each school and were sent to the teachers about 10 days before the survey instruments. Inventories for 21,974 children were subjected to electronic data processing.

Study 3 - Identification of the Incidence and Nature of the Needs of Handicapped Children Not Attending the Montgomery County Public Schools

The project staff identified 1,109 handicapped children who were not attending the Montgomery County Public Schools in November, 1966, through consultation with the staff of the Department of Pupil Services, Welfare and Health Departments, and Juvenile Court, and through visitation to state hospitals and other institutions. Children included in the study were located in 41 institutions in Maryland, 18 in Washington, D.C., 15 in Virginia, and 50 in other states. Approximately 50 per cent of these 1,109 youth lived at home and attended special day schools. Included in the 1,109 youth were 175 who, according to the coordinators of the Montgomery County Public Schools' Home Instruction Program, were placed on home instruction because appropriate school programs were unavailable.

Since results of research done elsewhere on Head Start populations indicated that there was a high probability of finding physical, social, and emotional deficits in this group, it was decided to collect the same information on the Head Start population as had been sought for youth not attending public schools. The Head Start office returned completed survey forms on 409 children.

Of 1,547 forms distributed, 95.8 per cent were completed and returned by persons who were in contact with the children.

Study 4 - A Survey of Community Agencies

To obtain a measure of the nature, extent, and availability of community resources to meet the special needs of children, a questionnaire was devised in consultation with key personnel of several public and private agencies. The questionnaire consisted of two parts. Part I was designed to yield information concerning type of program; nature of services; eligibility for service by age, sex, and condition of handicap; geographical restrictions; and information concerning fees and tuition aid. Assessment of the availability of services was attempted in terms of

waiting periods for treatment services. In order to study ways of increasing the effectiveness of existing services, Part I of the questionnaire also included items concerning referral methods, inter-agency contacts and follow-up, and methods of reporting findings to other agencies. Analysis of the 174 questionnaires completed by agencies within a 50-mile radius of Rockville yielded the most useful information concerning the nature and availability of services for children in Montgomery County. Of the 174 agencies in the area who completed and returned the questionnaires, 138 indicated that they provide direct services to Montgomery County children and their families.

Study 5 - An Analysis of Recommendations Made by Community Agencies

Part II of the questionnaire described under Study 4 attempted to draw upon the skill, experience, and needs of representatives of agencies which provide services to children and parents. Civic and parent associations also represent a pool of interest and ability which the project wished to tap. Four questions were drafted to involve these groups in planning for a model demonstration school and to yield detailed recommendations concerning ways in which the school and other agencies could best coordinate their common efforts. Of 174 questionnaires completed and returned by agencies within a 50-mile radius of Rockville, 97 contained recommendations for needed programs and services. About 385 recommendations specifically applied to planning for educationally disadvantaged children.

Study 6 - A Review of Records of Testimony Before the Governor's Commission on the Educational Needs of Handicapped Children

Although the 1966 Governor's Commission on the Educational Needs of Handicapped Children had issued five priority recommendations for the improvement of programs for handicapped children, attendance at public hearings of the Commission suggested that a study of the reports submitted by state and local agencies would yield significant information which had relevance to planning a supplementary education center. Thirty-one of the reports submitted were found to contain pertinent material.

RECOMMENDATIONS TO IMPROVE EDUCATIONAL OPPORTUNITY

Assuming that needs should determine programs, the project staff synthesized the findings from all of the studies. This comprehensive body of data was analyzed to enumerate the needs, formulate conclusions, and determine priorities. Having formulated conclusions on the basis of the findings, the project staff developed the following 11 recommendations which, if implemented, would improve educational opportunities in Montgomery County for children and youth with special needs.

Recommendation 1

Early Diagnosis
and
Intervention

Evaluate and demonstrate the feasibility of school-based early identification, diagnostic, and intervention processes to improve the educational performance of children who have deficits in learning, social, emotional, and physical areas; apply these processes without regard to categorical labels; develop a diagnostic teaching team as the core of the diagnostic and intervention procedures.

Recommendation 2

Emotionally
Handicapped
Adolescents

Develop and institute a multi-level, year-round program for the evaluation, re-education, and adjustment of emotionally handicapped boys and girls, Grades 6 through 12, in three related settings to include an adolescent development center for the rehabilitation of youth with severe problems, special classes and services in selected secondary schools for the less seriously involved, and a pilot program for mentally retarded adolescents with emotional handicaps in another setting. Such a multi-level educational program, which includes transitional programs for those awaiting or returning from institutions, must be coordinated with a spectrum of residential services including group and foster homes, a residential dormitory, and hospitals. Primary responsibilities for such residential services are the charge of the health, welfare, and juvenile services agencies rather than of the educational system and should be included in current planning by these agencies for a health and welfare complex.

Recommendation 3

Staff
Development

Institute programs for developing the effectiveness of teaching, supervisory, and specialist personnel in identifying and meeting the special needs of children; for increasing and augmenting teaching and specialist staff in response to the increased need for specialized services; and for training and utilizing para-professional staff.

Recommendation 4

Coordination

Develop a permanent new unit of the county government for the coordination of services performed by school and other agencies for children with special needs, for the maintenance of a central register of such children from birth through age 21, and for the development of a central information and referral service which would include a clearinghouse of community resources and furnish information and guidance for parents of children with special needs.

Recommendation 5

Vocational
Training

Improve and expand vocational evaluation and training in some measure for all children and youth and specifically for the mentally and educationally retarded and socially and economically deprived.

Recommendation 6

Allocation of
Services

Allocate special services within the Montgomery County Public Schools on the basis of demonstrated pupil and staff needs and explore ways of meeting the special needs of children attending nonpublic schools.

Recommendation 7

Parent
Counseling

Initiate a pilot project to develop, augment, and coordinate a variety of needed, continuous parent counseling services; to provide related family services; and to explore how and by whom these services could most feasibly be supplied. This project should be incorporated within

Recommendation 7

(continued)

the development of the new permanent unit for the coordination of school and community services set forth in Recommendation Number 4.

Recommendation 8

Transportation
for
Special Programs

Improve transportation services for pupils in special programs so that no pupil will spend more than one hour each way commuting to a special program and no pupil will be denied an appropriate program because transportation cannot be arranged.

Recommendation 9

School Withdrawal

Develop and implement a county-wide plan for the systematic collection of information on all children who withdraw from school.

Recommendation 10

Adolescent
Mothers

Study the means for improving and coordinating the educational, health, and social services which the community is extending to girls whose education is interrupted by pregnancy.

Recommendation 11

Validation of
the Inventory

Validate the Inventory of Student Needs, an instrument developed and used by the staff of the Office for Planning a Supplementary Education Center, for application in this school system and others as a screening device and as a measure of the incidence of pupil needs to be used for continuous planning.